

Muskegon River Pathway of Hope Personnel Handbook

***Updated October 1, 2015**

The purpose of this handbook is to provide a guide for prospective and current employees of Muskegon River Pathway of Hope to understand the responsibilities and obligations that employer and employees have to one another. It includes an "Introduction," which will be most helpful to prospective or new employees; "Conditions for Employment," designed and implemented to protect the employee as well as the mission of Muskegon River Pathway of Hope; "Description of Benefits" provided to Muskegon River Pathway of Hope employees in addition to their salaries or hourly wages; and a "Special Waiver."

All policies, procedures, and forms included in this booklet are considered to have been revised, and take effect immediately upon the date of publication, July 1, 2014.

It is the responsibility of each employee to read this guide and handbook and question the appropriate supervisor concerning any part that is not understood.

Mission Statement

Mission Statement:

We are committed to bringing Hope to hurting and troubled girls and their families.

We will:

- Serve with Love and Compassion
- Commit to Excellence
- Use Mentoring as a source of Strength and Accountability

Program Statement

Muskegon River Pathway of Hope is under contract with the state of Michigan for 14 **General Residential Juvenile Justice Beds**. Any Abuse/Neglect youth placed, must be placed by exception request, and MRPOH can only have 3 abuse/neglect residents. On no day during the current Contract period, shall there be more than 12 youth in placement with MRPOH for whom DHHS has the responsibility to make a State payment. The type of child benefiting from Muskegon River Pathway of Hope is a delinquent female/girl needing out-of home residential placement in an open setting. Muskegon River Pathway of Hope is a family living style program in a rural residential neighborhood in northern Lower Michigan. Girls who are chronic runaways, highly aggressive, or severely mentally limited will not relate well to the group process and benefit from the program. A private referral will be considered.

The program used by Muskegon River Pathway of Hope is designed to touch on the major elements of the girls' lives. Counseling, education, life skills, spiritual training, recreation, and work are the primary tools used. All residents, age 14 and over, are required to learn life skills such as physical care. And all residents who have had a child or are pregnant are taught IL skills for their children and parenting techniques.

Juvenile Justice Specialists (JJS)/Child Case Workers should work with the JJAU for referral and placement at MRPOH. Referral contacts may also be made with a MRPOH intake worker either by letter, e-mail, or telephone. An updated social history and any available social, psychological, legal history, medical information is requested for admission consideration. The intake committee will review the material and respond promptly. A pre-placement visit may follow, and if the child is accepted, the following documents will be needed: completed application for admission (Muskegon River Pathway of Hope format), a current dental and physical examination with updated immunizations and a signed Informed Consent for psychiatric medication, court order or a purchase of service agreement, birth certificate, social security card and a medical assistance card. MRPOH will abide by all policies and procedures outlined in the DHHS Service Agreement for referral, placement, and treatment of youth referred to the program. MRPOH will not admit a JJAU Assigned and/or PER Neglect Abuse youth for placement prior to receiving a completed/approved DHS-3600.

Muskegon River Pathway of Hope is a private, for profit, state-licensed institution. It operates a structured residential care program for girls, ages ten through seventeen. Muskegon River Pathway of Hope is located at 8835 Oak Road in Evart, Michigan 49631.

The length of stay at Muskegon River Pathway of Hope is usually eight months, but the length of stay depends on each child's severity of need, level of motivation and family support.

The program offers a 6-9 month program, a 90 day fast track program, and aftercare follow up as specified in each treatment plan.

Objectives and Services Provided

- ❖ Every resident shall have the privilege of acceptance without discrimination on account of race, color, religious background national or social origin.
- ❖ Each resident shall enjoy those opportunities and facilities which shall help her to develop physically, mentally, morally, socially, and spiritually.
- ❖ The agency shall endeavor to provide an atmosphere which shall promote a healthy growth of each resident within the framework of freedom and dignity.
- ❖ Every resident shall be provided adequate nutrition, clothing, housing, recreational, medical, and spiritual and counseling services.
- ❖ Each resident may receive free education as afforded by the Mecosta-Osceola Intermediate School District and Evart Public Schools.

- ❖ Muskegon River Pathway of Hope shall offer consistent acceptance, love, and discipline for all the residents alike.
- ❖ Opportunities shall be made available to the resident to promote her general culture, and enable her on the basis of equal opportunities to develop her abilities, individual judgment and sense of moral and social responsibilities so that she may become a useful member of society.
- ❖ The residents of Muskegon River Pathway of Hope shall have the opportunity for play and for the use of public recreational facilities, as well as facilities on the grounds.
- ❖ The residents shall in all cases be protected from all forms of neglect, abuse, cruelty, and exploitation.
- ❖ Under no conditions shall a resident be allowed employment before an appropriate minimum age, nor shall she be permitted knowingly to engage in any occupation or employment which shall endanger her health, education, or interfere with her physical, mental or moral growth. Approval must be obtained from all interested parties before employment.
- ❖ Vocational counseling, work force training and work opportunities shall be a part of the total therapeutic program.
- ❖ Every resident shall have one counseling session with a therapist each week. Such counseling shall deal with the factors necessitating the resident's admission, and should deal with the youth's on-going behavioral development.
- ❖ Policy regarding Counseling: Muskegon River Pathway of Hope provides counseling services for, eating disorder, self-harming, depression, grief and loss, abandonment, rejection, abuse/neglect, and mental health such as Oppositional Defiant Disorder, Bi-Polar, Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder, Post Traumatic Stress Disorder, Conduct Disorder, & Anxiety Disorder.
- ❖ Muskegon River Pathway of Hope uses these types of modalities: visual, auditory, kinesthetic (when age appropriate), and Trauma Informed Care.
- ❖ Muskegon River Pathway of Hope will screen youth for trauma, refer youths and parents for clinical trauma assessments, offer education on the potential developmental impacts of trauma to youths and parents, and will collaborate with other mental health providers to link youth to evidence-based and supported trauma services.
- ❖ Muskegon River Pathway of Hope will utilize the following assessment tools to assess and deliver resiliency-based case plans for each youth in care: DHHS Strengths and Needs Assessment, Michigan Juvenile Justice Assessment System (MJJAS), Casey Life Skills Assessment, and the Connors CBRS Self-Report, MAYSI, as well as Trauma Informed Care Assessment Tools.

- ❖ Muskegon River Pathway of Hope uses these therapeutic methods: cognitive therapy, art therapy, play therapy, reality therapy, and spiritual therapy (when appropriate).
- ❖ Muskegon River Pathway of Hope therapy sessions include: individual, group, family/**FTM's**, parenting classes and life skills.
- ❖ To protect and to develop a healthy child/family of each resident whenever possible.
- ❖ The agency shall encourage regularly scheduled contacts between the parents and the resident (except where parental legal rights are terminated or where the referring agency finds such contacts detrimental to the girl's general welfare). MRPOH will provide transportation when necessary for parents based on the flexibility of both parties.

Pathway Hierarchy

Director
II
Assistant Director/PREA Compliance Manager
II
Social Service Worker/Therapist/Case Manager
II
Administrative Assistant
II
Direct Care/Youth Specialty Shift Supervisor
II
Direct Care/Youth Specialty Worker

Definitions

Director & Assistant Director - The person(s) designated by Muskegon River Pathway of Hope as having the day-to-day responsibility for the overall administration of the Agency, and for assuring care, safety, and protection of residents.

Full-Time Employee - A salaried employee or an hourly employee who averages four or more full work days (eight hours) per week or 32 hours per week.

Intern - An advanced student or graduate in a professional field relating to MRPOH who is gaining supervised practical experience.

Part-Time Employee - An employee who averages less than four full/8 hour work days per week

Resident -A girl who is admitted to and resides at Muskegon River Pathway of Hope

Social Service Worker/Therapist/Case Manager- A person who works directly with residents, their families and other relevant individuals, and who is primarily responsible for the development, implementation, and review of Service Plans for the resident

Youth Specialty Worker - A person who provides direct care and supervision of all youth in an institution. At Muskegon River Pathway of Hope this description includes child-care worker, recreation leader, work crew leader and house parent. *Shift Supervisor Job Description and requirements are located at the end of this manual.*

Hiring Procedures

Applicants for open positions at Muskegon River Pathway of Hope must complete an employment application. The Director, in consultation with the appropriate supervisor, will conduct interviewing of qualified applicants and select an applicant for hiring from those interviewed. MRPOH will try to hire those with experience in the field of residential care first before the consideration of those with no experience in the field of residential care facilities.

All MRPOH program staff must possess the following minimum qualifications: a non-judgemental, positive attitude toward youth with mental health and behavioral problems; experience working with at risk youth and families, cultural and ethnic sensitivity, knowledge of and skills in the area of mental health, substance abuse, youth sexual behavior and youth development; ability to engage with, and relate to, youth with multiple problems, and skills in crisis intervention assessment of potentially violent situations and short-term goal setting.

All prospective employees will be given a Job Description and Employee Manual prior to their date of hire. Any questions the prospective employee has will be answered by the Director and/or the appropriate supervisor. All prospective employees should submit a resume with supporting documents including any licenses and/or certifications. Prospective employees must submit a copy of their high school diploma and any college diploma and/or college transcripts. Prior to the date of hire for any new employee, Muskegon River Pathway of Hope must also obtain three letters of recommendation (from non-family members), a signed copy of the agency Job Description, a DHHS/ Central Registry clearance, Michigan State Police ICHAT clearance, Michigan (<http://www.mipsor.state.mi.us/>) and National sex offender clearance (<http://www.nsopw.gov/en-us>), clearance/checks with prior institutional employers for information on substantiated allegations of sexual abuse by the applicant,(any potential or employee that is found to have omitted information or has falsified information on the employee application or during the interview process may be subject to termination of employment) submission of fingerprints, negative results for testing for use of illegal substances, and current T.B. inoculation verification.

Muskegon River Pathway of Hope will utilize a five panel (marijuana, cocaine, amphetamine, opiate, and methamphetamines) urine drug screen for all employees. The drug screens will be completed prior to the date of hire and annually thereafter. The drug screens will be conducted by the agency Director, Supervisor, or administrative designee and the employee will be required to sign documentation at the time of the testing that will be kept in each employee file. If any employee tests positive for any drug, that employee will be sent to the Evert Health Clinic to have additional drug screening. An employee with a positive drug screen will not be allowed to have contact with any residents or work their scheduled hours. If further drug screen testing confirms the positive drug screen the potential employee will not be hired and any current employee will be terminated immediately from Muskegon River Pathway of Hope.

All employees are offered vaccinations for Hepatitis A and B due to the expectation and training to render first aid as a part of their job duties. Muskegon River Pathway of Hope will maintain records or an employee's receipt or decline of Hepatitis A and B vaccinations and Hepatitis A and B exposure reports. If the prospective employee does not have health insurance coverage for the Hepatitis A and B vaccinations, the agency will cover the cost.

Annual central registry checks, Michigan and national sex offender clearances, and ICHAT checks will be completed and kept on file for each employee for the duration of their employment with Muskegon River Pathway of Hope. Annual TB screening and documentation will also be completed and kept on file for each employee for the duration of their employment with Muskegon River Pathway of Hope.

Potential employees will be required to complete the DIANA Screening prior to employment and/or having contact with any youth in the program. This screening allows the agency to identify men and women who are most likely to cross sexual boundaries with youth.

Potential employees will also be required to complete a Casey Life Skills Assessment. This assessment will ensure that all program staff will be equipped to serve as a role model for appropriate social skills, prioritizing needs, negotiation skills, accessing local resources, hygiene and grooming preparation, food preparation and anger management.

Prior to the date of hire, potential new employees will be required to complete an orientation process. The new employee orientation will include, but is not limited to, the following: a minimum of 18 hours of SCM training, 24 hours of program observation, Employee Manual training with the Supervisor and or Program Administrator, PREA training, and Child Protection Law and Mandated Reporting, Family/Child/Youth Engagement, and Interpersonal Communication assessment and training. Prior to the date of hire, potential new employees will be required to sign and agree to adhere to all program policies and procedures. Documentation of Orientation training will be kept in each employee file. Each staff member at Muskegon River Pathway of Hope will receive training related to their individual job description and the MRPOH program.

New employees are required to complete 44 hours of training within the first 30 days of employment with 16 of the 44 hours occurring prior to having contact with youth. New employees will also be required to complete CPR and First Aid training within 30 days of

employment. All new employees will have a probationary period of a minimum of ninety (90) days duration (see Probation Policy). A decision to continue or terminate employment will be made at that time. This, however, does not void the dismissal/termination procedure as outlined in the Dismissal/Termination Procedure.

Staff Development and Training

Muskegon River Pathway of Hope staff must receive legally mandated, relevant and responsive researched-based training in the competencies required to effectively perform their job. The training program/activities must be planned, coordinated and implemented by qualified employees.

The Director and the Staff supervisor will schedule professional training as well as provide In-Service Agency training for all agency employees. Employees must participate in a minimum of 50 clock hours of planned training within their first year of employment and a minimum of 25 clock hours of training annually thereafter. All agency employees are required to attend all In-Service and Supervision meetings as scheduled. Employees may be excused from an In-Service/Professional Training if they have scheduled a vacation day or personal day in advance, are ill, or have a personal emergency. The Director or Supervisor must be contacted by the employee to be excused from the meeting. Records of In-Service/Professional Training attendance and participation will be kept in the agency In-Service Binder.

The training opportunities shall include the following:

- a) Developmental needs of children.
- b) Child management techniques
- c) Basic group dynamics
- d) Appropriate discipline, crisis intervention, and child handling techniques
- e) The direct care worker's and the social service worker's roles in the institution
- f) Interpersonal communication
- g) Proper and safe methods techniques of restraint
- h) First aid/CPR
- i) Right to Know Laws, Procedures, and Policies
- j) MiSACWIS
- k) AWOL Policy and Procedures (Reveiwed Quarterly)

Additional Annual Training topics shall be selected from but not limited to the areas identified in R400.4128 and the following:

- a) Working as part of a team
- b) Relationship building
- c) Family/Child/Youth Engagement
- d) Understanding and analyzing problem behaviors
- e) Positive Behavior Support
- f) Setting Clear Limits
- g) Interpersonal Communication
- h) Acceptable discipline, crisis intervention, and child handling and de-escalation techniques.

- i) The significance of the birth family, value of visitation, importance of attachment and strengthening family relationships, impact of separation, grief and loss issues for children in foster care, and children's need for permanency
- j) Understanding and recognizing the emotional and behavioral issues and/or physical needs of abused/neglected children
- k) Medication management Administration, monitoring, recording, secure storage, medication side effects and procedure for reporting side effects, medication reviews and process for obtaining informed consents for medication changes.
- l) Cultural competency
- m) Effects of Trauma
- n) Suicide Prevention and/or intervention
- o) Child Development
- p) Trauma Informed Practices
- q) Strength-based interventions and interactions
- r) Defusing threatening behaviors
- s) Solution focused assessment and case planning

All program staff shall be provided with annual trauma-focused program training to maintain a trauma-informed milieu and treatment environment. Trauma-focused programming must be based on an evidence-based, evidence-informed or promising practice treatment model. The agency therapist shall provide therapeutic/psychological consultation and instructions to agency staff to ensure the most appropriate treatment methods are offered and utilized.

The facility Director must:

- Appoint a facility training coordinator
- Coordinate with the facility training coordinator and Child Welfare Training Institute staff to schedule training and notify facility staff
- Work with the facility training coordinator to designate facility staff to receive certification training via train-the-trainer instructor
- Approve the annual facility training plan
- Make suitable rooms and support equipment available to support training
- Maintain required curricula and training materials to support training
- Participate in staff training by personally presenting or mentoring training presentations
- Working with the training coordinator, make provisions for refresher training for employees returning to work after being absent for significant periods of time
- Review staff training records to ensure documentation of orientation, recurring and situational training. Documentation must include: 1) Staff Full Name, 2) Duty Assignment/Position, 3) Official Date of Hire, 4) Training Hours Required (for new employees and annual requirements), 5) Current chronological listing of training topics completed, topic duration in hours and total hours for the period. 6) Separate records of actual staff attendance at each training event where the facility provides the training.

- Work with the training coordinator and review execution of the training plan on at least a quarterly basis. Take corrective action in cases where the plan lacks full implementation or requires modification.

The Training Coordinator must:

- Develop a written annual facility training plan incorporating the minimum requirements of the training requirement table that follows. Training plans may be based on the fiscal year or other time period deemed appropriate by the facility.
- Review policy updates for incorporation of new policy requirements into training curricula and materials.
- Coordinate with Child Welfare Training Institute staff to make training requirements known and schedule training.
- Coordinate with the Director to issue appropriate scheduling notices to staff.
- Make recommendations to the facility director for staff to receive train-the-trainer training.
- Monitor execution of the training plan to ensure staff attendance and take follow-up corrective action as required.
- Maintain staff records that include 1) Staff Full Name, 2) Duty Assignment/Position, 3) Official Date of Hire, 4) Training Hours Required (for new employees and annual requirements), 5) Current chronological listing of training topics completed, topic duration in hours and total hours for the period. 6) Separate records of actual staff attendance at each training event where the facility provides the training.

Training Staff Responsibilities:

- Training staff must administer written tests and skill demonstrations as contained within applicable curricula and materials
- Training staff must provide staff they train with opportunities for remedial training and retesting. Remedial training and retesting may be repeated.

Staff must attend training as scheduled or make arrangements in advance to coordinate alternative training times and locations. Staff may request or make recommendations for additional training relevant to their jobs and services they provide.

MiSACWIS

MRPOH will utilize MiSACWIS for case records in accordance with the administrative rules for CCI and shall be responsible for maintaining an up-to-date electronic case records for JJ DHHS – supervised youth including, but not limited to:

- a) Admissions
- b) Youth Property
- c) Demographic Information for the youth and case members
- d) Visitation Plans
- e) Grievances
- f) Social Work Contacts

- g) Clinical Case Notes
- h) Treatment Plans and Release Reports
- i) Assessments and Assessment Scores
- j) Medication Administration
- k) Informed Consent for Psychotropic Medication
- l) Medical, Dental, and Mental Health Diagnosis and Treatment
- m) Education
- n) Victim Notification and Victim Rights Request
- o) Incident Reports
- p) Youth Transport
- q) Release Outcomes Reporting
- r) JJAU Preferences
- s) Shift Logs

*Incident Reports will include but are not limited to: AWOL, Seclusion, Physical Restraint, behavior resulting in contact with law enforcement, corporal punishment, attempted suicide, suicide, or death. Incident Reports will be reported in MiSACWIS for both JJ and Neglect Abuse youth placed at MRPOH

MRPOH will utilize MiSACWIS to maintain an accurate report of the number of vacancies expected within the next seven calendar days. MRPOH will also utilize MISACWIS for service authorization verification and payment for JJ and Neglect Abuse Supervised Youth.

Vacation Policy

Vacation days are effective on anniversary of date of hire. A full time employee in the first year will be eligible for 3 vacation days after 90 working days. Then they are earned as follows:

1 year	= 5 days
2 -4 years	= 10 days
5 years	= 15 days
6 years	= 18 days
7 + years	= 21 days

Vacation requests are to be made in writing to the employee's supervisor by the 15th of the preceding month in keeping with Absence Reporting Policy. Once the monthly work schedule is distributed, employees are expected to work the days/hours assigned to him/her. Any changes thereafter may be requested providing the employee wishing to take off work meets with the supervisor. Vacation days cannot be rolled over and if the employee does not use them the employee will forfeit these days. Muskegon River Pathway of Hope will not pay out any vacation time upon the resignation, termination, or death of an employee.

The supervisor may reject the request because of various reasons in which case the employee will need to work as scheduled.

Employees who work on a part-time basis who work 24 hours or more per week but less than 32 hours, for a period of six months will qualify for 2 days of paid vacation. After his/her first year of employment the employee's will be eligible for two paid vacation days upon their anniversary date.

If an employee wishes to transfer their vacation time to another employee for any reason they must submit a form to the Supervisor/Director for prior approval.

Paid Holidays

The following are paid holidays for all full-time employees who have completed their first 90 Days of employment: New Year's Day, Good Friday (4 hours only), Easter, Memorial Day, Labor Day, Fourth of July, Thanksgiving and Christmas for a total of 7 ½ paid holidays. Part-Time employees do not qualify for paid holidays.

Personal Days

One personal day will be granted full-time employees after 90 days and another day after one year. Thereafter, two days will be granted on each anniversary date. Personal days cannot be rolled over or accumulate.

Employees may be granted up to five unpaid personal days per calendar year. Unpaid days off must be approved by the Supervisor and/or Director in advance. Part Time employees will be eligible for one personal day per year. (Revised 09/21/2012)

Sick Days Policy

Two sick days will be granted after 90 days and another two sick days after one year. Thereafter, four sick days will be granted on each anniversary date. Sick days can accumulate up to 10 days. No sick pay will be paid upon leaving employment or for any days in excess of 10 days accumulation.

Sick pay will be allowed up to 40 hours in the week. If an employee has at least 40 hours for the week by working, holidays, personal days, and/or vacation days no sick pay will be paid. Part time employees are not eligible for sick pay.

Sick days are to be used only for illness of the employee or family members. Dentist and doctor appointments and maternity leave are justified reasons for taking sick days also. It is a violation of Muskegon River Pathway of Hope policy to use sick days for vacation, pleasure, or personal business (except as outlined above). **Employees may be asked to submit documentation from a physician in order to receive sick pay and/or to be excused from an assigned shift.**

Health Insurance Benefits

Medical Insurance is available through Muskegon River Pathway of Hope as a fringe benefit for all full-time employees who wish to be insured. Deductible and supplemental

payments on claims may be required by the company as they apply. The insurance company does not enroll employees in this group plan until they have been employed at Muskegon River Pathway of Hope for at least 90 days.

Muskegon River Pathway of Hope will also offer employees who work less than full-time the option of participating in the Group Insurance Plan on a contributory basis. The employee's contribution will be pro-rated according to the hours worked. These options are not currently available.

Worker's Compensation Insurance

Muskegon River Pathway of Hope carries Worker's Compensation Insurance on all its employees. Any employee injured while on the job or while involved in representing Muskegon River Pathway of Hope should seek immediate medical attention. The employee must submit an Accident/Injury/Illness Report immediately to the Supervisor. All medical bills for injuries suffered while on the job should be promptly submitted to the Supervisor.

This insurance pays a weekly income at a rate determined by law after the first seven days of disability. It provides medical attention and hospital services, and in the event of permanent disability or death, it will pay certain sums to the injured employee or to the family of the deceased.

Injury on the Job

Any employee injured on the job should immediately see his/her supervisor. An accident/injury/illness report form should be completed as soon as possible and submitted to the Director.

Medical attention should be sought for all job related injuries. Any injury report and the billing statement should be turned in to the supervisor as soon as received.

It is important that all injured employees follow their doctor's orders and return for all follow-up appointments and treatments. If missing work is required by the doctor then a doctor's approval is needed to return to work.

Maximum Salaries and Wages

Given the current size of Pathway's budget and program, the maximum pay will be as follows:

CEO (Bachelor Degree/Master Degree)	Salary \$45,000-\$65,000
Youth Specialist Worker	\$14/hour
Staff Supervisor (Bachelor/Master Degree)	\$20/hour
Case Manager (Master Degree)	\$20/hour
Administrative Secretary	\$15/hour
Maintenance	\$15/hour

Jury Duty

Employees that are summoned for Jury Duty will be excused from their scheduled shifts after submitting Court documents requesting appearance for Jury Duty. Employees will be paid for the first 20 work hours missed per Jury Duty summons.

Social Security Benefits

Muskegon River Pathway of Hope will pay one-half of Social Security payments for each employee.

Special Waiver

This *Personnel Handbook* is not inclusive of all policies and procedures related to the daily performance of duties of Muskegon River Pathway of Hope employees. Additional policies and procedures are set forth in writing in employee orientation and training meetings. Muskegon River Pathway of Hope and its employees are also in compliance with the *Licensing Rules for Child Caring Institutions* published by the State of Michigan Bureau of Regulatory Services.

Payroll Policy

Employees of Muskegon River Pathway of Hope are paid on a bi-weekly basis. Paydays occur weekly on Fridays. Timesheets must be submitted to the Supervisor by 4 pm on Monday.

Muskegon River Pathway of Hope withholds federal income tax and state income tax according to the number of exemptions on the employee's W-4 forms. Muskegon River Pathway of Hope also withholds social security at the rate required by law and deposits the required match. Employees have the option of direct deposit or paper check.

Probation Policy

All newly hired employees are on a 90-day probationary status. During this 90 day period the employee may not "Call in" for a scheduled shift. The supervisor will evaluate the employee at 30 days and again at 90 days. If the employee has made satisfactory progress in mastering his/her position during this period, the probationary status is removed at 90 days. Probationary status may be continued for an additional 30 days or up to a 90-day period if the employee's performance is questionable. The length of time is based upon the discretion of the supervisor and the director. A notation appropriate as to the decision shall be made in the employee's personnel file. The maximum consecutive length of time for any newly hired employee to remain on probationary status is 270 days. At the end of this maximum period, or any time prior

to this limit, a decision must be made to either terminate the employee or place the employee on regular status.

Probation may be imposed on a regular status employee of any for the following reasons or combination of reasons: inadequate job performance, inappropriate behavior on the work site, excessive absenteeism, a violation of Muskegon River Pathway of Hope's rules, policies, or procedures. Notification of the probation may be accompanied by a "pink slip" warning. A maximum of three warnings will be given. If an employee receives his/her third pink slip, the employee will meet with the Director, and the employee's supervisor to determine if the employee will be retained at Muskegon River Pathway of Hope. The probationary period for employees who were previously on regular status shall be on a minimum of 90 days and a maximum of 270 consecutive days. Effort should be made during this period to encourage the employee's progress in correcting his/her inadequacies. By the end of the maximum probationary period, a decision must be made whether to return the employee to regular status or to terminate his/her employment.

Appropriate notes as to probationary status, reasons and dispensation can be entered on the employee's personnel file if deemed appropriate by the supervisor.

It should be noted and understood that the probationary policy and "pink slip" warning system does not void the dismissal/termination procedure as outlined on this page.

Compensation Time

Office staff and administrators of Muskegon River Pathway of Hope sometimes find that to accomplish the work involved in the job description, more than a forty hour week is required. The employee may arrange by written request to the Director for compensation time. Requests for compensation time must be approved by the Director and the youth specialist supervisor prior to the additional hours worked. Earned compensation time may be used for time off if previously arranged with the Director.

Scheduling Policy

Muskegon River Pathway of Hope will provide a schedule for the staff and will be posted before the last week of the month prior. If there is a schedule change at any time after the original posting of the monthly schedule the staff will be notified by email, a phone chain notification, and a new revised scheduled will be placed in the mail box of each employee. It is the understanding of all employees upon hiring that the schedule can change many times during the month due to illness, accidents, and family emergencies. All schedule changes will be kept in a binder by the agency for three years.

Promotion Policy

Promotions are on the basis of qualification, the recommendation of the immediate supervisor, and longevity. Consideration is given to seniority, but the controlling factors are past performance, creative ability, training, experience, cooperation, and initiative. Wherever feasible, promotion is from within the organization, although on occasion, others with diversified experience are employed.

Employee Discipline

The Muskegon River Pathway of Hope Director or designee must notify the Bureau of Juvenile Justice (BJJ) director, the office of Labor Relations, BCAL, and/or the Office of Equal Opportunity and Diversity Programs whenever an incident occurs that may lead to employee suspension, demotion or dismissal, **including** incidents relating to staff involvement in illegal or unethical conduct, child abuse or neglect, sexual harassment, ethnic intimidation and the excessive or improper use of force.

Muskegon River Pathway of Hope employees must immediately inform the facility director or designee when an employee is involved in an incident that could result in an employee's suspension, demotion, or dismissal.

Dismissal/Termination Procedure

An employee of Muskegon River Pathway of Hope may be terminated by a majority decision of the Director and the employee's supervisor. Termination may result from an unsuccessful probationary period in which inadequacies have not been corrected despite warnings to the employee. Termination may also be affected immediately without regard to probationary status or "pink slip" warnings for insubordination or blatant disregard to neglect of policy, procedures, and schedules.

If any employee is proven to be in violation of the Drug-Free Workplace Policy his/her employment will be terminated. Any inappropriate physical behavior or gestures of that nature will result in immediate dismissal. Employees are to fill out an exit interview form upon their leaving.

Resignation Procedure

An employee who wishes to resign his/her position at Muskegon River Pathway of Hope in good standing should submit a written resignation to his/her supervisor a minimum of two weeks prior to the effective date of the resignation. The resignation document should be dated, include the effective date (date of leaving) and be signed with the legal signature of the employee.

Employees leaving their position with Muskegon River Pathway of Hope in good standing will be paid a severance pay equal to one-half of the employees unused sick days. Muskegon River Pathway of Hope is under no obligation to pay severance benefits to an employee who resigns his/her position without following the above procedure. Employees are to fill out an exit interview form upon their leaving.

Employee Evaluation

A written evaluation of each regular status employee's job performance is conducted by supervisory personnel on an annual basis. An employee on probationary status is evaluated at the end of the probationary period, and the evaluation is significantly contributory to the decision to retain or terminate the employee. Employees leaving Muskegon River Pathway of Hope by dismissal, termination or resignation will also be evaluated and may provide a basis for recommendations to future employers.

The evaluations described above are intended to appraise the employee's ability to perform assigned duties and to contribute to the employee's motivation and development. Evaluations are not intended to emphasize weaknesses but rather to point out the areas that need improvement. Also, areas of strengths will be identified for the employee.

As the supervisor shares the evaluation with the employee, the latter is encouraged to actively participate in discussing the content of the evaluation. It is hoped that the employee, with the help of the supervisor, will develop goals and objectives which would improve his/her performance and proficiency.

The evaluation must be signed by the employee, the supervisor and the Director. The employee must receive a copy, and the original will be placed in the employee's personnel file.

Volunteer Qualification and Supervision

Muskegon River Pathway of Hope will only utilize volunteers who meet rigorous screening requirements. Muskegon River Pathway of Hope will not allow any individual that has been convicted of a felony, an individual who has a criminal case pending, a substantiated child abuse or neglect complaint, or an individual who appears on the Michigan or national sex offender registry.

It is the policy of Muskegon River Pathway of Hope that any person who requests to volunteer at the agency fill out a Volunteer Application and have a DHHS Clearance and Michigan State Police Criminal History check, a Michigan and national sex offender registry check, and an ICHAT clearance completed. Muskegon River Pathway of Hope will make a best effort to contact previous institutions where the prospective volunteer has served for information on substantiated allegations of sexual abuse. Muskegon River Pathway of Hope will ask all volunteer applicants about previous misconduct as part of the initial screening process. Once the application is complete and Muskegon River Pathway of Hope has received the approved clearance forms, the person requesting to volunteer will be contacted.

Approved volunteers will be provided with a copy of the Muskegon River Pathway of Hope Residential Handbook and agency policies. Volunteers will be expected to abide by all Pathway policies, rules, and moral standards. All volunteers will be required to complete a minimum of

four hours of training with an agency administrator prior to contact with any resident, that will include, but is not limited to: PREA policy, mandated reporting policy, and expectations for volunteering. Male volunteers will not be allowed to be alone with any resident at any time. Any volunteers that wish to mentor or transport a resident on a one-on-one outing must request to the Muskegon River Pathway of Hope assigned agency Case Manager or Director. The resident's placing worker (DHHS Worker or Probation Officer) will be contacted for approval prior to any one-on-one outings.

The agency Supervisor or Director will notify the prospective volunteer if they are determined to be ineligible to volunteer. The prospective volunteer may request in writing to review the relevant portion of their records with the exception of the LEIN checks.

Volunteers will be supervised by the agency Supervisor and Director. A file will be kept on each volunteer that will include the Application, Clearance records, and documentation of agency training and activity.

Volunteer/Staff/Resident Outing Policy

Any time a staff member or volunteer takes a resident off-ground for any reason other than daily scheduled program activities, that staff member or volunteer must fill out the appropriate documentation. The program Case Managers will maintain a log book for their assigned cases that will include detailed information regarding resident outings. Prior to any staff member or volunteer taking a resident off-ground, the assigned Case Manager must give signed permission for the outing to take place. The date, time, and specific outing plans must be submitted and approved. Any problems or concerns that occur during the outing must be reported to the Case Manager within 24 hours of the outing.

Procurement Cards / Purchases for Residents Policy

It is the policy of the Michigan DHHS BJJ that purchases made with procurement cards are in accordance with DHHS guidelines. Only the individual whose name appears on the card is authorized to use the card. The authorized cardholder adheres to the limits set on the card. The authorized cardholder never splits purchases to avoid exceeding card transaction limits. The cardholder may only use the card for authorized purchases. Each cardholder is responsible for accurately documenting the purchases made with their card with original documentation.

Each staff member at Muskegon River Pathway of Hope will be given access to procurement cards to purchase gasoline. These cards will be locked in the file room lock box and are labeled for each vehicle owned by the agency. Staff is expected to write their name and the odometer mileage on each receipt and file the receipt in the labeled envelope in the lock box after each use. The agency accountant retrieves and logs all card activity on a monthly basis.

Any time that a staff member wishes to purchase a resident a gift of any type, with their personal finances, that staff member must request to do so in writing to the assigned Case Manager and/or Supervisor. Authorization to purchase the item(s) will be granted on a case to case basis based upon the request. The Case Manager and/or Supervisor may require that the gift is given to the

resident with the understanding that the gift is from the agency and not from the staff member personally.

Personal Conduct and Resident Relations Policy

Muskegon River Pathway of Hope strives to hire employees of strong moral character because of the influence the staff's modeling has on the residents. Environment has been a strong factor in the placing of girls at Muskegon River Pathway of Hope. The majority of clients come from homes where negative influences have been stronger than positive influences.

No encouragement shall be given to Muskegon River Pathway of Hope clients in any manner, by word of mouth or example, which would undermine the philosophy of Muskegon River Pathway of Hope concerning values such as refraining from vulgarity, use of drugs, as well as obscene and/or inappropriate talk, stories, jokes, songs, magazines, pictures, etc.

Muskegon River Pathway of Hope prohibits the use/and or possession of alcoholic and illegal drugs, including the use/ and or possession of prescription medication by an employee that has not been prescribed the medication, in the building, on the property, or in the Muskegon River Pathway of Hope vehicles. Muskegon River Pathway of Hope prohibits the **use** of tobacco by an employee on the property, in the Pathway vehicles, in the building or in their own vehicle if transporting a youth to another location with it.

Private discussions between staff and clients should take place in an appropriate place for protection of staff and clients.

Logging

Muskegon River Pathway of Hope will maintain hardbound and/or electronic logs to record and communicate routine program information, youth movement unusual occurrences and emergency situations. Muskegon River Pathway of Hope will draft log information for each shift on the direct care staff computer. Each staff member will be required to read the log book prior to their scheduled shift starting with the last shift they worked. Muskegon River Pathway of Hope staff will save each shift log on the computer and on an identified flash drive (marked "log"). The flash drive will be kept in the staff file room in the locked cabinet. Muskegon River Pathway of Hope on duty staff will print and sign the log at the end of each shift and file it in the hardbound binder marked "staff log book".

Each staff log will include, but is not limited to, the following information:

- Daily observations of youth by staff, including any unusual youth behavior and medical concerns
- Any youth counts
- Results of all youth and room/area searches
- Security and perimeter checks
- Disturbances and riots
- Room checks every 15 minutes when residents are back in their rooms
- Removal of any youth from the general population
- Use of de-escalation techniques
- Use of physical restraints
- Departure of staff during the shift

- Admission and release of youth, including names, dates, times and modes of transportation

The agency Director and/or Designees will review the log entries to ensure compliance and will initial or sign in the margin next to each log entry.

Videotaping/ Photographing and Media Contacts with Youth

It is the policy of Muskegon River Pathway of Hope and the Michigan DHHS BJJ that legal consent must be obtained for **non-security** related videotaping or photographing of youths. Youth and family members may be videotaped or photographed as part of the treatment process OR for non-treatment purposes if valid legal consent is obtained from all parties. Non-DHHS media (newspaper, television, etc.) requests for photographing and/or videotaping must be approved in advance by the DHHS director through the office of communications. ALL videotapes must be erased or otherwise destroyed when the affected youth is released from the facility. All parties that have reached the age of majority must sign a copy of the “Consent for Publication” form (DHHS-0199) prior to being videotaped and/or photographed. For youth under 18 years of age, the following parties (based upon the youth’s legal status) must make the determination that videotaping/photographing is in the best interest of the youth and sign the consent form:

Legal Status/Type of Care/Authorizing Party

Delinquent State Ward (1974 PA 150)	DHHS Director or designee
Temporary Court Ward	Court/Judge and Parent or Legal Guardian
Permanent Court Ward	Court/Judge
Dual Wards – MCI and Act 150 & 296 Or 220	DHHS Director or Designee and the MCI Superintendent
Michigan Child Placed Out of State	Michigan Authority Supervising Child at Time of Placement
OTI/Interstate Compact Youth	Sending State Authority/Court

*No copyrighted material, including music, may be used in any video-tape.

Staff members and/or agency volunteers may use the agency camera to take photographs of the residents participating in program activities. Staff members and/or agency volunteers should not use their personal camera or cell phone to take photographs of residents at any time. Staff members and/or agency volunteers may not publish or post online any photographs of residents at any time.

Staff Telephone and Personal Communication Device Use

It is the policy of Muskegon River Pathway of Hope that staff members should keep personal phone calls made or received on the agency phones to a minimum in order to ensure that they are not distracted from their primary responsibility of care and custody of youth. It is the policy of the BJJ and Muskegon River Pathway of Hope that personal communication devices will not be worn or carried by staff while on duty without the prior authorization of the facility director or designee. Staff members must submit a request form supporting the need to carry a personal communication device to the Muskegon River Pathway of Hope Director or designee. Written approval or denial of the request will be kept in the employee file. Written approval will require the employee to agree and sign the request form that will include acceptable use of the device. Written approval is valid for one year from the date of the Director's signature.

Computer Passwords

It is the policy of Muskegon River Pathway of Hope and the BJJ that agency computer passwords are kept confidential. In the event that a staff member believes that their passwords have been compromised, they must change their password immediately and notify their supervisor of possible misuse.

Access Control Devices

It is the policy of Muskegon River Pathway of Hope that the agency Director or Designee will approve the issuance of manufacturing, exchange and duplication of access control devices and changes to locks and doors. Each employee will be issued a set of agency keys to all agency locks with the exception of medication access and grievance box access. One set of access control keys will be available for medication distribution and will be exchanged at each shift change. Access control keys for the grievance box will only be issued to the agency Director, Supervisor, Administrative Assistant, and Shift Supervisors. The assignment of access control devices will be documented at time of issuance, annually when reviewed, and at the time of termination of employment.

In the event of loss, theft, misplacement or damage of any access control devices, staff should immediately contact the agency Director or Designee to ensure timely repair or replacement and appropriate safeguards are put in place.

Training on access control devices will include:

- Staff responsibility for safeguarding access control devices directly
- Checking the number of keys on a ring when keys are received
- Cautioning staff against the following with respect to access control devices:
 - ** Placing them in areas accessible to youth or leaving them unattended.
 - ** Throwing or sliding them.
 - ** Leaving them in locks.
 - ** Using them for other than their intended purposes.
 - ** Loaning them to unauthorized persons.

- ** Unauthorized duplication
- ** Altering or defacing them.
- ** Failing to report locks that are in need of repair or appear to be tampered with.
- ** Verbally identifying access control devices by number or other identifying information within hearing of youths.

Military Leave Policy

Any employee who is a member of any branch of the United States Armed Forces Reserves will be granted up to two (2) weeks military leave per year. Muskegon River Pathway of Hope will not compensate the employee with his/her regular salary/wage during this period, but he/she will accrue sick days and other benefits during this period.

Personnel Records

A personnel file shall be kept on each full-time employee of Muskegon River Pathway of Hope. Each file will contain all documents and memos pertinent to the employee's record of employment.

Personnel records are available for review only to the following people: the employee, the DIRECTOR, the employee's supervisor and the Child Welfare Licensing Inspector. Each employee has access to only his/her own personnel file in compliance with and under the conditions of the 1974 Privacy Act.

In order for any type of information to be released from an employee's personal file to an outside agency, employer, government branch, or person; a release of information must be signed by the employee specifying the name of the agency, the name of the person, the date and the exact nature of the information to be released.

Maternity Leave Policy

Full time employees with more than one year's service at the time of pregnancy may request a maximum of 12 weeks maternity leave of absence. The beginning date of maternity leave will depend upon the type of employment and related circumstance, with the final decision to be made by the employee's supervisor in consultation with the employee and the director, contingent upon medical approval from the employee's physician.

The first two weeks of leave will be paid. However, if there is a holiday during that two week period, the employee will not be paid holiday pay for those holidays. Health insurance benefits will be paid for the first six weeks of maternity leave if the employee has completed their initial 90 day probationary period. Seniority for purposes of calculation other benefits will continue during this type of leave.

The request for reinstatement must be made in writing to the employee's supervisor and the Director within 12 weeks after the childbirth. If the employee decides against reinstatement,

notification of this decision should be made as soon as possible or within 12 weeks after childbirth.

Absence Reporting Policy and Procedures

The completion and filing of an Absence Report is the responsibility of the individual employee.

Absences which are due to vacation, personal business days, or other known reasons are to be filed out for and approved prior to the taking of this time. An absence Report Form is to be filled out in a timely manner and given to the appropriate supervisor.

The supervisor should review the request, review coverage of the department, and approve or disapprove the request. If disapproved, the request form should be returned to the respective employee as soon as possible. If approved, the signed request form will be kept in the employee file.

In the case of illness, an unexpected medical circumstance, or other emergency, the employee shall contact the Administrative Assistant to “call in” for their assigned shift. If the Administrative Assistant is unavailable for more than 30 minutes after first contact, the employee shall contact the Supervisor to “call in” for their assigned shift. The employee should document the number of sick or personal hours they would like to be paid for on the corresponding weekly time sheet for the shift the employee “called in” for. The employee will be paid for the requested amount of sick or personal hours based upon the number of paid hours the employee has available.

Travel Expense Policy

Muskegon River Pathway of Hope will supply a vehicle for trips to conduct Muskegon River Pathway of Hope business or to represent Muskegon River Pathway of Hope. No employee has an “expense account” as such, but employees will be reimbursed for actual expenses incurred during such trips provided the following:

1. The trip has been approved in advance by the Director or the Supervisor.
2. All expenses are verified by sales receipts.

If no Muskegon River Pathway of Hope vehicle is available and the employee is willing to drive his/her personal vehicle for Muskegon River Pathway of Hope business, that employee may be reimbursed at the rate of (current IRS standards) per mile if no other arrangements are made, provided the trip has been approved in advance by the Director, Supervisor of Youth Specialist Worker or the Business Office.

Services for the Residents or Families with Language, Hearing, or Speech Barriers

MRPOH staff should contact the Deaf and Hard of Hearing Services (616) 732-7358 which is located in Grand Rapids, MI, for Interpreter Services for the Hearing Impaired. MRPOH staff should contact Ferris State University (231) 591-3988 which is located in Big Rapids, MI, for foreign language translation. Muskegon River Pathway of Hope will keep a comprehensive resource list on file for Deaf and Hard of Hearing Interpreter Referral Agencies as well as Foreign Language Translators in the case that the above agencies cannot provide adequate or needed services. MRPOH will also coordinate with the placing worker and/or county to ensure that adequate resources are available for all aspects of treatment for the youth and family.

Muskegon River Pathway of Hope Security System Policy

- A. Our security system is a Brooks Security DVR system installed by Brooks Security & Electronics out of Baldwin, MI.**
- 16 cameras
 - Stores information up to 2 weeks and then it erases the hard drive.
 - 24/7 surveillance for staff
 - The security alarms are monitored by Brooks Security and Police 24/7
 - Monitor is located in the basement
 - Security key pad is located to left of main entry door.
- B. Security Keypad:**
- Used to tell the staff the status of the house (which windows or doors are open)
 - Used to set the alarm at night
 - a) Pressing the H or A button will set the alarm for security
 - b) Pressing 1,9,0,6 disarms the system. Which is also used for any time the system may go off on its own due to storms or power surges Brooks Security will call and see if anything is wrong and they will ask for your pass code to be sure you are all right. (You are not under duress) These pass codes will be issued to each staff after employment by the supervisor.
 - Used to quick dial police, ambulance, & fire
 - a) Pushing 3 and status buttons together call the Fire department
 - b) Pushing 6 and monitor buttons together call the Ambulance
 - c) Pushing 9 and F1 buttons together call the Police
- C. Cameras**
- May be adjusted by supervisor on duty with a witness
 - Does have blind spots (All staff must be aware of blind spots at all times)
Staff are not to assume the **cameras are their eyes. It is a safety tool.**
 - Can view specific time and camera, by accessing the main computer
 - a) Log in-PATHWAY (downstairs) PATHWAY (upstairs)
 - b) Pass word- ofhope (downstairs) hope (upstairs)
 - c) Reviewing incidents in the house can be used for training. Training is recommended 4 times a year. (JKM instructor will do the training) Supervisors must review all incidents. All training will be documented on a separate form and signed by supervisor. **No staff may delete any camera footage for any reason.**

d) Licensing must have access when needed.

Policies:

Pre-Employment

- Staff must have at least 1 hour of training. Will do a walk around of the house and be informed of where all cameras are. All staff will be instructed on the use and operation of the complete system and all its functions, which are listed, on this form. There will be a refresher training done for the complete system every 6 months. This will also be documented and signed by supervisor.

Contact Numbers:

Brooks Security 231-745-7549

State Police 231-832-2222

Admission of Girl

The type of child accepted at Muskegon River Pathway of Hope is the JJAU child. A child shall be admitted only after establishing the institution is an appropriate placement to meet the Child's needs. Because of the open campus and informal atmosphere at Muskegon River Pathway of Hope, we do not favor the admission of the chronic runaway child or the highly aggressive child. Although we are not equipped to service the mentally limited (for example I.Q.'s below 65 may not be accepted,) girls with borderline diagnosis seem to relate to the program and benefit from it.

Discipline Policy

Discipline is the education process by which adults help the resident to have the experience she needs so that she can learn to live in reasonable conformity with accepted standards of social behavior, and to do so by progressively acquiring and applying her own inner self-controls rather than by external pressures.

Any severe physical discipline such as hitting, choking, or kicking by any staff member employed by Muskegon River Pathway of Hope is absolutely forbidden. Staff members should also be sensitive to the feelings of the residents and avoid verbal abuse, ridicule, or humiliating punishment. Residents should be treated on a priority level where essential program services including education, recreation, counseling, and meals are concerned. Sufficient sleep, shelter, food, clothing, and essential personal needs shall not be denied a resident.

Visits with parents and communication either by letter or telephone shall not be denied any resident; however, these privileges shall be in compliance with the Muskegon River Pathway of Hope level system.

Restraints are sometimes necessary. Physical restraint shall only be used in necessary emergency situations and then in moderation. Passive restraints are to be used, if needed, only in the following cases:

1. Client is harming or about to harm herself.
2. Client is harming or about to harm another person.

Swearing, threatening, disobeying, name-calling, or being angry with you is **not** valid reasons for restraint. A resident shall not act in the role of a staff member in disciplining other residents.

Male staff is allowed to restrain a female resident one to one as a last resort. Each staff will be certified in JKM Restraint Training Procedures, a two-person restraint technique. Any male staff doing a one on one restraint will be properly trained and in the presence of another female staff. Upon completion of the restraint a written documentation of the incident will be placed in the resident's file. At no time will a male staff be left alone with just one girl for Pathway's protection.

Investigation Referral

It is the policy of Muskegon River Pathway of Hope and the Michigan DHHS BJJ that the following types of incidents requiring investigation are referred to the BJJ Director and other agencies as appropriate:

- Criminal Activity (Allegations of Criminal Misconduct)
- Major Rule Infractions
- Infractions committed by an employee on duty that would generally result in dismissal
- Employee wrongdoing
- Employee conduct that may discredit the public perception of BJJ

Health Service

Muskegon River Pathway of Hope shall maintain a quality medical service program composed to develop the whole person's physical, mental, emotional and spiritual health, in an effort to provide quality care to the residents and staff. Continuing efforts should be made to keep communication lines open and constant interaction with local doctors, clinics, hospitals, and emergency services.

The resident shall have scheduled visits for physical and dental checkups every year. In case of emergencies, the staff member in charge of a unit will be responsible to see that the resident is properly cared for either on the premises, at a local doctor's office or transported to the nearest hospital emergency room.

Physical and dental records shall be maintained in the residents' files. A master file shall be kept in the secretary's office to facilitate scheduling of appointments. Immunization records will be maintained according to the Bureau of Regulatory Services' standards.

Medication shall be kept locked in a suitable cabinet or storage area, and only be dispensed by a staff member in charge of a unit. If the medication is such that it requires an R. N. to dispense it, that shall be arranged. A daily record shall be kept on the Medicine Log form of all medicine dispensed.

It is imperative that we use extreme care to see that any client who reports pain or sickness be checked for verification of her complaint.

Parents and referring agencies expect us to closely monitor the client's health. A staff member will check any girls who complain of minor ailments and give prompt medical attention to them.

Residents will be provided a minimum of three nutritious meals daily, usually served family style, in a pleasant atmosphere. Meals shall meet the nutritional allowance recommended by Michigan State Department of Health. Residents and staff shall be served the same meal at the same time except where special diets are required. Menus shall be posted by the week and maintained in the files for one year. Changes should be logged appropriately. Special dietary needs prescribed by a physician should be provided and maintained in the files for one year. Food service and team staff shall work together in providing ongoing needs.

Phone numbers of doctors, dentists, the hospital emergency room, the Poison Control Center and the ambulance service shall be posted in designated areas.

The emergency room of the nearest hospital should be used when the doctor office is closed or when accidents occur serious enough to demand immediate attention.

In case of apparent serious back or neck injury, the EMS should be called immediately. The client shall not be moved until professional help arrives. Staff may transport clients to the hospital with less serious injuries.

Medication Policy

When Medication is not available

- Unavailability occurs when:
 - Pharmacy is out of stock
 - Unavailable from Manufacturer
 - Too soon to be refilled by insurance
 - No refills
 - Not available in dosage form ordered
 - Requires Insurance Prior Authorization
- Pharmacy will call and fax *Medication Unavailability form*
- PLEASE pass information on to next shift

Ordering Medications

- For a NEW resident, fill out and fax *New Resident Information Form*
- Call pharmacy to go over the *New Resident Information Form* and order medication if needed

- Have the physician fax the prescription to the pharmacy or the on-duty staff will fax in the new prescription to the pharmacy (Please include a Fax Cover Sheet)
- Call the pharmacy to inform the pharmacy of your medication needs
- If a medication is needed on the weekend or in an emergency, the on duty staff will take the prescription to the nearest pharmacy at that time

Pharmacy Delivery

- Procedure
 1. Upon arrival, Contents are verified between courier and on-duty staff in charge of medications for that shift.
 2. Discrepancies and omissions must be reported promptly to the pharmacy and to the staff in charge of medications
 3. The medications are distributed immediately to the appropriate secure storage area
 4. Both parties confirm delivery and sign the delivery receipt
 5. Put delivery receipt in the mail box of the staff in charge of medications to be filed

Disposal of Medications

- Controlled Substances
 - Must be destroyed according to facilities *Controlled Substance Destruction Policy*
 - May not be returned to the pharmacy
- Discharge Medications
 - May be sent with the resident
- DC Medications
 - Mark as “discontinued” and destroy or return to issuing pharmacy
 - Complete *Return Medication Log* and send back to pharmacy with Courier.

Medication Best Practice Guidelines

1. PREPARATION
 - Keep Medication Cart neat and orderly
 - Only food and beverages needed for the medication pass should be on the cart
 - Only authorized staff members are to have access to the medication keys
 - All supplies needed for medication administration should be available on the med cart
 - Check for PRN medication need before pouring medications
2. HYGEINE/INFECTION CONTROL
 - HAND WASHING/SANITIZING
 1. Prior to your medication pass
 2. Between residents
 3. After administering topical preparations, or meds that require contact with mucus membranes
 4. After removing gloves
 - Pour the medication into the medication cup
3. AVOID INTERRUPTIONS
4. TIMING

-Medications should be administered in an accurate and timely manner within an hour of the scheduled administration time

-Mealtime dosing

- * Before meals
- * With meals
- * After meals

5. **PRIVACY/HIPPA (Compliance with HIPAA Regulations During Medication Administration)**

-Cover **confidential** information when not in use

6. **The 6 Rights of Medication Administration**

1. Right drug
2. Right resident
3. Right dose
4. Right time
5. Right route
6. Right Documentation

***TRIPLE CHECKS!!!!**

7. **KNOW THE SPECIFIC ROUTES OF MEDICATION ADMINISTRATION PRINCIPLES**

-Examples

- * Tablets/Capsules/Liquid
- * Oral Inhalers
- * Nasal
- * Vaginal/rectal
- * Injection

8. **SAFETY AND SECURITY MEASURES**

-LOCK MED CART

- Medications should not be left on top of the cart
- Check Expiration Dates at EVERY med pass

9. **MONITORING THE MEDICATION PASS**

- Observe her swallowing medication
- observe therapeutic effect and side effects
- Right to Refuse
 - *Offer medication
 - *Educate and re-offer
 - *Document efforts

Medication Error Reporting

- Step 1: Take action to protect resident's safety
- Step 2: Notify physician promptly
- Step 3: Implement physician's order and monitor the resident closely

- Step 4: Document/ Fill out incident report
 - Pharmacy *Medication Error Report Form*
 - * *Includes Description of error, name of Physician and time notified, Physician's orders, resident's condition for 24-72 hours*

Documentation

- When to Document?
 - **Before** going on to next resident
- Missed Doses:
 - Initial and circle MAR for missed doses
 - Note reason on back of MAR
 - *Leave of Absence
 - *Refused
- Discontinued Medications
 - When a medication changes, DC the previous order by writing "DC'd" and the date on the MAR
- PRNS
 - Document on MAR
 - * Sign, date/time, reason for use
 - * Effectiveness of medication
- Controlled Substances
 1. MAR
 2. Control Form(s)
 - Controlled Substance Accountability form (CSAF)- "control sheet"
 - * Contains all relevant prescription information
 - * Must use to document doses given and doses left of a controlled substance
 - Controlled Substance Count Verification Form
 - * For shift to shift reconciliation of Controlled Substances
 - * Done at each shift change
- ***Discrepancies must be reported to supervisor immediately for investigation!!***

Controlled Substance Destruction Policy

- A. Muskegon River Pathway of Hope will destroy medication on Tuesday mornings of each week. Any Muskegon River Pathway of Hope Supervisor reserves the right to witness any controlled substance destruction.
- B. Muskegon River Pathway of Hope will have one location where medication is to be destroyed and will be turned in and can be double locked until destruction can occur.
- C. The medication will be entered onto the controlled substance destruction log with all the pertinent information as listed below. The medication then will be destroyed and method of destruction listed. The destruction log must be filled out completely and signed by both the person destroying and the witness.
 1. Destruction protocol is as follows:

- I. Medication to be destroyed will be mixed with a “safe” liquid such as coffee, water or vinegar.
 - II. Once the medication is degraded, it should be mixed with coffee grounds and placed in an impermeable, non-descript container (empty can, sealed bag) and placed in the trash.
- D. The Muskegon River Pathway of Hope Supervisor will maintain the destruction log in his/her office and oversee/participate in the destruction on the specified day. Controlled substances will be destroyed and witnessed by the Muskegon River Pathway of Hope Supervisor and another Home employee.
- The destruction record will be retained by the facility for a period of two (2) years and must contain at least the following information:
 1. RX number or Name of resident
 2. Name of drug with strength
 3. Quantity of drug
 4. Signature of person destroying
 5. Signature of person witnessing the destruction

Psychotropic Medication Policy

Overview

The use of psychotropic medication as part of a resident’s comprehensive mental health treatment plan may be beneficial. The administration of psychotropic medication to children is not an arbitrary decision and documented oversight is required to protect children’s health and well-being.

Definition

Psychotropic medication affects or alters thought processes, mood, sleep or behavior. A medication classification depends upon its stated or intended effect. Psychotropic medications include, but are not limited to:

- Anti-psychotics for treatment of psychosis and other mental and emotional conditions.
- Antidepressants for treatment of depression
- Anxiolytics or anti-anxiety and anti-panic agents for treatment and prevention of anxiety.
- Mood stabilizers and anti-conventional medications for treatment of bi-polar disorder (manic-depressive), excessive mood swings, aggressive behavior, impulse control disorders, and severe mood symptoms in schizoaffective disorders and schizophrenia.
- Stimulants and non-stimulants for treatment of attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).

Prohibited Use

Psychotropic medication must not be used as a method of discipline or control for any child. Psychotropic medications are not to be used in lieu of or as a substitute for identified psychosocial or behavior interventions and support required to meet a child’s mental health needs.

Prior to Prescribing

Counseling or psychotherapy will in most cases be before and continue concurrently with prescription of a psychotropic medication; see Urgent Medical Need in this policy for exception.

Prior to initiating each prescription for psychotropic medication the following must occur:

- The child will have had current physical and baseline laboratory work and a mental health assessment with a DSM-IV TR psychiatric diagnosis of the mental health disorder.
- The prescribing clinician explains the purpose for and effects of the medication in a manner consistent with the individual's ability to understand (child, caregiver(s), and birth parent/legal guardian if applicable). The explanation must be documented in the case file and include the following:
 - Residents/Youths mental health diagnosis.
 - Treatment options (non-pharmacological and pharmacological).
 - Treatment expectations.
 - Potential side effects of the medication.
 - Risks and benefits of taking the medication versus not taking the medication.

Prescribing Clinician

Only a certified and licensed physician can prescribe psychotropic medications to a resident. If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist, or general psychiatrist with significant experience in treating children, must occur if the child's clinical status has not experienced meaningful improvement within a time-frame that is appropriate for the child's clinical response and the medication regimen used.

Oversight

For each resident that is prescribed psychotropic medications, medication compliance and treatment effect must be addressed by the DHHS/Placing worker during the worker's monthly visit with the resident and Case Manager.

DHHS-1643 Psychotropic Medication Informed Consent

Muskegon River Pathway of Hope must obtain informed consent for each psychotropic medication prescribed to a resident. An informed consent is consent for treatment provided after an explanation from the prescribing clinician of the proposed treatment, expected outcomes, side effects and risks. The DHHS-1643, Psychotropic Medication Informed Consent form, must be used to document the requirements.

The DHHS-1643 consists of three sections:

1. Section A, Psychotropic Medication Recommendation, is completed by the licensed medical professional. Section A contains:
 - Child's identifying and clinical information.
 - All current psychotropic medications.

- New medications and recommendations including potential side effects, alternative treatments, documentation of medication benefits/side effects and rationale if medication falls within the criteria triggering further review defined by the DHHS Health Education and Youth Unit.
- 2. Section B, Notification, is completed by the Muskegon River Pathway of Hope Case Manager.
- 3. Section C, Consent for Administration of Psychotropic Medications, is completed to allow or deny consent by the parent of temporary court wards, by the supervising agency for MCI state wards or by the court for permanent court wards

Authority to Consent:

For temporary court wards, a parent must consent to the prescription and dose of all psychotropic medications, including those prescribed for continued use upon discharge from a hospital or as a result of outpatient treatment. Muskegon River Pathway of Hope has the authority to consent to an MCI wards psychotropic medication and the Court must provide written consent for a permanent court wards psychotropic medications. The DHHS-1643 must be used to authorize consent for all psychotropic medications. Foster parents and/or all other caregivers may not sign consent for psychotropic medications.

When a parent is unavailable or unwilling to provide consent and a child's physician or psychiatrist have determined there is a medical necessity for the medication, Muskegon River Pathway of Hope must file a motion with the Court requesting consent for the prescription and use of necessary psychotropic medication. Courts are provided authority for this action pursuant to MCL 712.A12 and MCL 712.A13a (7)(c) prior to adjudication and MCL 712A.18(1) at initial or supplemental disposition.

The worker must continue to communicate with the child's parent regarding treatment options when medication is not deemed a medical necessity but there is a DSM-IV TR psychiatric diagnosis supported by documented evidence/observations that medication would improve a child's well-being or ability to function.

Informed Consent Exceptions

Circumstances that may permit an exception to the psychotropic medication informed consent would include:

- A resident entering the program is currently taking psychotropic medication without a signed informed consent; every effort must be made to obtain the DHHS-1643 within 45 days of entry into the program. Psychotropic medication must not be discontinued abruptly unless it has been determined and documented as safe to do so by a physician.
- A physician determines that an emergency exist requiring immediate administration of psychotropic medication prior to obtaining consent. The Case Worker must obtain a copy of the report or other such documentation regarding the administration of emergency psychotropic medication within 7 calendar days. The report must be filed in the medical section of the child's case record. If the medication will continue after the emergency, the DHHS-1643 must be completed.

Urgent Medical Need

The role of non-pharmacological interventions should be considered before beginning a psychotropic medication, except in urgent situations such as suicidal ideation, psychosis, self-injurious behavior, physical aggression that is acutely dangerous to others, severe impulsivity endangering the child or others, marked disturbance of psycho physiological functioning (such as profound sleep disturbance), or marked anxiety, isolation, or withdrawal.

Monitoring

It is the role of the Muskegon River Pathway of Hope Case Manager to review medication compliance and the medication's effect on the resident a minimum of once per month.

The following steps will be taken to ensure that compliance is achieved:

- The Michigan DHHS psychotropic medication informed consent form will be completed: at the time of intake for any resident that is prescribed psychotropic medication; prior to any psychiatric assessment or psychiatric medication review appointments for residents that are referred during placement at Pathway; prior to any medication change made during placement.
- The Muskegon River Pathway of Hope Case Manager will notify the parent/guardian and DHHS/Placing Worker of all psychotropic medication related appointments a minimum of seven days in advance unless it is an emergency situation. The Case Manager will notify the parent/guardian and DHHS/Placing Worker of any emergency situation related to psychotropic medication immediately.
- The resident will sign a form at time of intake, and any time there is a medication change during placement, indicating that they understand and agree to take the medication.

Conflict of Interest

An employee of Muskegon River Pathway of Hope may not hold a position with another employer which would infringe upon his/her time, energy/stamina, job performance, or values at Muskegon River Pathway of Hope unless they have gained prior approval from the DIRECTOR.

Other Business Interest

Muskegon River Pathway of Hope employees who carry on outside business activities must do so during their own time and not during the regularly defined work time. Outside activities may be carried on at the discretion of the employee. However, if the employee's supervisor determines that those activities in any way prevent the employee from an optimum performance of his/her duties at Muskegon River Pathway of Hope he/she may be dismissed if an oral discussion does not provide satisfactory results. A note of the date and summary of the discussion should be placed in the employee's personnel file.

Dismissal policies affecting any other area of Muskegon River Pathway of Hope have no effect on the above stated policy.

Emergency and Disaster Procedures

In case of the outbreak of a fire the staff member should immediately see that all persons leave the building as quickly as possible to the volleyball court to the East of the premises. Another staff member should call the fire department immediately from another building or by pressing the designated buttons on the security system to alert the fire department that they are needed while the evacuated staff determines that no client re-enters the building. Staff are required to take with them when exiting the building the med log (which contains medical information, evacuation manual, and the location of all resident's in the home in the event that one of the residents is missing).

In case of a tornado watch or any other warnings of severe weather the staff on duty should monitor the local weather via radio, television or internet. Watch should be maintained looking especially toward the southwest. In case of a sighting all staff and residents should go to the basement of the various units, going to the southwest corner and getting under some protection such as tables if possible.

If a severe thunderstorm warning is sounded, residents should remain indoors and under no circumstance should they seek shelter under a tree. In the event that the power goes out we have a backup generator and will come on automatically. No staff will have to call anyone or do anything. When the power is restored the backup generator will shut off on its own.

The severity of medical emergencies shall determine the procedure. In case of extreme bodily injury where professional help is needed to transport a person, EMS should be called. When the injury or need is minor, the client should be taken to a doctor's office or emergency room if the doctor's office is not open at that time.

If at any time Muskegon River Pathway of Hope residents are unable to occupy the building here due to the building being damaged, extensive power outages, or other disaster related reason the following procedures should be followed:

- 1) Contact Director or designee
- 2) Staff & residents gather any available food, blankets/pillows, water, medication and any log books
- 3) Go to Evert Evangel Assembly Church
(231-679-5900 Pastor Tom Jeffery)
- 4) Contact all PO's, workers and parents as to the events and where their children are.

Emergency Numbers

Ambulance	911	State Police	231-832-2221
Fire	911	Big Rapids Hospital	231-796-8691
County Sheriff	231-832-2288	Dental Family Health Care	231-796-3617
Poison Control	800-222-1222	Artesian Medical Center	231-734-5561
Police: Local	231-734-5911	Health Department	231-832-5532

Grievance and Appeal Procedure

The purpose of the Grievance and Appeal Procedure is to provide an orderly system in which to resolve employee grievances in an equitable and timely manner.

A grievance is herein defined as a complaint against Muskegon River Pathway of Hope, its administrative, supervisory, or other personnel in which the employee deems himself/herself to have been treated in an unfair or unethical manner. A grievance may be against a person, a policy, procedure, or condition of work.

Every possible effort shall be made to reach a clear understanding of the nature of the grievance, and to find a resolution.

The following process for resolving a grievance should be followed.

An employee with a grievance shall fill out a grievance form, located in the Personnel Handbook, and file it with the Agency Director. If the grievance is against the Agency Director, the employee shall file the grievance form with the Agency Board of Directors. The Agency Director or Agency Board of Directors shall respond to the grievance verbally within two days from the date the grievance is filed and respond in writing within five days.

Clothing Policy

Personal attire and grooming reflects one's character and the general appearance and professionalism of Muskegon River Pathway of Hope staff. All clothing should be clean, neat and modest (no tank tops for women). Ladies may wear shorts that are of appropriate length and modest while engaged in special physical activities. Especially be sure clothing and appearance is neat and tidy when going to town (e.g. transporting girls to appointments). Both residents and staff are representing Muskegon River Pathway of Hope. You can help enhance Muskegon River Pathway of Hope's image in our locale by proper attire and actions.

Youth Body Search Policy

Staff at Muskegon River Pathway of Hope must search each youth upon intake, when returning from community activities, and when there is a reasonable basis to believe the youth possesses contraband.

Staff must not conduct cross-gender complete searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

Staff must not conduct cross-gender pat down searches except in exigent circumstances. Staff must document and justify all cross-gender searches.

Staff must not search or physically examine a transgender or intersex resident for the sole purpose of determining a youth's genital status. If a youth's genital status is unknown, it may be determined during conversations with the youth, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Muskegon River Pathway of Hope will ensure that direct care staff are trained in how to conduct a pat down search. Searches of transgender and intersex residents must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

STANDARD OPERATING PROCEDURE

A. Complete Searches Are:

1. Complete searches are a complete viewing of the external body surface of the youth and a search of the youth's clothing. Complete searches must be documented in a facility log including names of the youth and staff involved, search results, and description of contraband found. Complete searches are:
 - a. Mandatory upon intake.
 - b. Mandatory upon return to a secure facility from jail.
 - c. Mandatory upon apprehension from escape.
 - d. Authorized upon return from unsupervised off grounds activities (including youth leave of absence.)
 - e. Authorized when there is a documented reasonable basis to believe that the youth is concealing contraband and the search is approved by a supervisor.
 - f. Always conducted by staff that is of the same gender as the youth, except in the case of exigent circumstances.
 - g. Monitored by a second staff. The monitoring staff must also be the same gender as the youth except in cases of exigent circumstances.

B. Pat Down Searches

1. A pat down search must be documented in a facility log including the names of the youth and staff involved, the results of the search, and a description of contraband found. Pat down searches may be conducted in the facility or as part of a youth transport under the following circumstances:
 - a. There is a reasonable basis to believe that the youth possesses a contraband item.

- b. The youth has participated in a staff supervised or non-staff supervised activity where he had access to contraband.
 - c. The youth had access to objects that are missing.
 - d. The youth is returning to the facility from home, or returning from an off-site school, work, or treatment activity.
 - e. When placing youth in isolation or confinement, or prior to transporting the youth.
 - f. The youth is participating in the intake process.
2. Absent exigent circumstances, staff conducting pat down searches must be of the same gender as the youth.
 3. When conducting pat down searches associated with youth transport, staff must seek to conduct the search in a location that affords safety and appropriate privacy from the public consistent with the need for the search.
 4. Another staff must monitor pat down searches. The monitoring staff must also be the same gender as the youth except in cases of exigent circumstances.

C. Body Cavity Searches

1. Body Cavity Searches must be:
 - a. Performed only by a licensed physician, licensed physician's assistant, licensed practical nurse, or licensed registered nurse acting with the approval of a licensed physician. The examiner will be of the same sex as the youth or in the presence of a person of the same sex as the youth.
 - b. Pre-approved in writing by the Facility Director or designee. If the Facility Director designates this authority, the designation must be in writing.
 - c. Based on a reasonable belief that the youth is concealing contraband, evidence of a crime, or documented medical emergency.
2. All body cavity searches must be documented in a written report containing all of the following:
 - a. A copy of the Facility Director or designee's written authorization for the search.
 - b. The name and gender of the person searched.
 - c. The name and credentials of the person who conducted the search
 - d. The time, date and place of the search.
 - e. A list of all items recovered from the youth that was searched or a statement that no items were recovered.
 - f. The name and gender of all personnel present at the search.

Education Policy

Muskegon River Pathway of Hope will provide an appropriate education program in accordance with Act No. 451 of the Public Acts of 1976, as amended, being § 380.1 et seq. Of the Michigan Compiled Laws, and known as the school code of 1976, not later than 5 school days after admission and continuously thereafter for each resident of school age.

Along with basic education a certified special education teacher will meet the needs of the learning disabled student and the emotionally impaired student.

Education for the resident shall be provided by the MOISD, the Evert Public School, or the Evert Alternative Education School.

Privacy and Confidentiality

It is the policy of Muskegon River Pathway of Hope, DHHS, and the BJJ that confidential information about youth is provided only when it is in the youth's best interest as determined by DHHS or the committing Court, or by receipt of legal consent or a Court Order. Social Security numbers will not be released to (or be viewed by) non-DHHS staff except when fulfilling a legal requirement.

Employees having access to confidential information regarding Muskegon River Pathway of Hope, it's clients, it's donors, or fellow employees may in no way reveal or divulge such information except in the direct performance of job responsibilities. Violations of this basic premise may constitute immediate probation, and if deemed detrimental to Muskegon River Pathway of Hope it may be followed by immediate dismissal.

Case Record Policy

Muskegon River Pathway of Hope shall maintain a record for each resident in accordance with DHHS BJJ and BCAL. A resident file will be kept during each youth's residence at Muskegon River Pathway of Hope that will include the case record, medical information, and educational information. At the time of discharge, Muskegon River Pathway of Hope will send medical information to the placing DHHS worker/office along with the release and discharge plan. Muskegon River Pathway of Hope utilizes the Evert Public School system for education for all residents. Evert Public Schools will receive and send educational records to past and future placements or schools as requested. Written requests for educational records can be sent to: 6221 95th Avenue, Evert, MI 49631. Muskegon River Pathway of Hope shall keep each resident case file at the facility for three years after discharge that will contain the following information (as applicable): DHHS-0199 Consent for Publication Form, Initial Treatment Plan, Risk assessments associated with the Release Treatment Plan, Release Treatment Plan, Treatment Program Termination Form (for final release), Strength/Needs Assessments, Assessment instruments from the Michigan Juvenile Justice Assessment System, Local facility release checklist documentation (for final release), Preliminary Services Plans, Resident Assessments, and Discharge Plans associated with detention (if final release is from detention), Client Intake summary from Juvenile Justice Online Technology (Residential Treatment),

DHHS-3307A Youth Face Sheet, DHHS-62 Delinquent Youth DNA Profile Verification, MSP Form DD-4 Sex Offender Registration, MSP Form DD-4A Explanation of Duties to Register as a Sex Offender, Youth Property Inventory at Facility Intake, Youth Signed Receipt for Return of Personal Items on Release, Post-Escape Inventories of Remaining Youth Belongings (for youth who escape and do not return), Documentation for disposition of escaped youth's personal property, Initial and annual Michigan Protection and Advocacy Services Notification to Parents, Court Order Directing or Used as Authority for Placement at the Facility, Court Order Directing or Authorizing Release or De-Escalation from the Facility, Transition Accountability Plans or other Documentation Associated with the Michigan Youth Re-Entry Initiative, Victim Requests for Notification, and Documentation that Shows When Victims are Notified.

Muskegon River Pathway of Hope will review past resident files a minimum of once every twelve months to ensure that all records held are covered under an approved record retention schedule. Muskegon River Pathway of Hope will identify and destroy records after the resident has been discharged from the program for a period of three years.

Smoking Policy

Smoking is prohibited everywhere and by everyone on the grounds of Muskegon River Pathway of Hope.

First Aid Training Policy

It is the policy of Muskegon River Pathway of Hope and the Michigan DHHS BJJ that a staff member trained in first aid and cardiopulmonary resuscitation will always be on duty and readily available at Muskegon River Pathway of Hope. All staff members will complete CPR and First Aid Training within 30 days of their employment. All staff members will complete recertification training in CPR every year and First Aid every two years or as required by Michigan DHHS BJJ, BCAL, and/or the Red Cross. Documentation of all staff training in CPR and First Aid will be kept in each employee's personnel file. The Muskegon River Pathway of Hope Supervisor will review the certification status of all direct care staff on an annual basis.

First aid kits will be located in areas where youth are present. Kit contents, based on American Red Cross recommendations, will include all of the following:

- Waste disposal bag
- Antiseptic Ointment
- Eye rinse solution
- Band-Aids (assorted)
- Disposable non-latex gloves
- Sterile gauze pads (assorted)
- Sterile roller gauze
- Adhesive tape
- Triangular
- Cold Pack
- Anti-bacterial hand washing solution
- Sterile saline solution

- A one-way CPR barrier mask
- Small plastic bag (in which to place biohazards)
- Bee sting kit (for use as prescribed to particular youth)

Staff using the single item contents of the first aid kit must immediately report to the facility/center director or designee who will ensure the missing contents are promptly replaced. The facility Director or Designee will maintain a list of approved contents of all first aid kits. A copy of the list will be placed inside the kit. A weekly check of the first aid kits will be documented and kept in the medical log book. Depleted or expired supplies will be replenished as needed.

Hot Water Policy

Muskegon River Pathway of Hope will ensure that the water is not greater than 120° in temperature.

Heat Policy

Muskegon River Pathway of Hope will maintain a room temperature of 68° or higher 4 feet above the floor.

Facility Cleanliness Policy

It is the policy of Muskegon River Pathway of Hope and DHHS BJJ that the facility remains clean, environmentally safe, and attractive at all times. To the extent allowed by safety, security and financial constraints, Muskegon River Pathway of Hope will be appealing through the use of design and décor. Facility grounds will be landscaped and free of harmful objects and obstructions.

Staff and residents are responsible for ensuring their personal work and living spaces are maintained in a neat and orderly fashion. The Muskegon River Pathway of Hope Director will ensure the following:

- A written housekeeping plan exists
- A written checklist that identifies required tasks relative to daily cleaning.
- A daily schedule exists that includes individual responsibility for plan oversight.
- There is a documented weekly inspection by designated staff that clearly indicates those physical plant areas that are in compliance or non-compliance with this policy.

Maintenance of Facility Policy

It is the policy of Muskegon River Pathway of Hope and the DHHS BJJ that the agency will provide a well-maintained environment for youth. The Muskegon River Pathway of Hope director ensures all of the following:

- A facility maintenance and sanitation check will be completed weekly utilizing a facility developed maintenance and sanitation checklist.
- The facility maintains a repair log that minimally includes the date, repair needed and date of repair completion.
- All staff are responsible to report maintenance problems or concerns to management through written communication.

Policy: **Exposure Control Plan**

Updated: **11/26/14**

Part 1 Blood borne Pathogen Standard

The Muskegon River Pathway of Hope is committed to providing a safe and healthful work environment for our entire staff. Part-time; temporary, contract and per diem employees are also covered by the blood-borne pathogens standard. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood-borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Blood-borne Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

- The Director is responsible for implementation of the ECP. The Director will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious material (OPIM) must comply with the procedures and work practices outlined in this ECP.
- Administrative Assistant will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Medical will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- Administration Assistant will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- The Administrative Assistant will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees may have occupational exposure:

*Job Title: Direct Care Staff
 Counselor
 Direct Care Staff Supervisor
 Director
 Assistant Director
 Maintenance*

Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

*Task/Procedure: Restraints
 Attending to client injury
 Client spitting
 Handling regulated waste
 Blood draws/Specimen Collection
 Injections*

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions. Universal Precautions is an approach to infection control whereby all bodily fluids (except sweat) are treated as if they are known to be infectious.

Exposure Control Plan

Employees covered by the blood borne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting the Administrative Assistant. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Director is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to blood borne pathogens. The specific engineering controls and work practice controls used are listed below:

- Sharps containers, biohazard bags
- Non-glass blood collection tubes
- Staff training
- Hand Washing

Sharps disposal containers are replaced by Medical when they are $\frac{3}{4}$ full or whenever necessary to prevent overfilling.

Correct hand washing is one of the most effective ways to prevent the spread of infection and illness. Correct hand washing instructions:

- Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap
- Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel.

This facility identifies the need for changes in engineering controls and work practices through review of incident reports.

We evaluate new procedures and new products through Medical and Staff consultation. Both front-line workers and management officials can be involved in this process in the following manner:

- Staff and/or Medical can suggest new products or new procedures
- Medical will evaluate the suggestion
- Staff will trial products as needed
- Medical will review results and implement if needed.
- The Director is responsible for ensuring that these recommendations are implemented.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by Medical.

The types of PPE available to employees are as follows:

- Gloves
- Goggles
- Gowns

PPE is located at each Control and may be obtained through Medical. Direct Care staff will be responsible for notifying Medical if PPE items need to be replenished.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Contaminated PPE that is *not* saturated with blood or body fluid may be disposed of in the regular trash. If any PPE, paper towel, gauze etc. is saturated so that there is squeezable blood or body fluid it must be disposed of in a red, biohazard bag located in the main Control Room and Medical Office.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Never wash or decontaminate disposable gloves for reuse.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

- Disposable, contaminated but not saturated PPE can be disposed of the regular trash.
- Disposable, saturated PPE should be disposed of in a red, biohazard bag - located in the main Control Room and Medical.
- Non-disposable PPE such as goggles and CPR masks need to be cleaned with alcohol wipes after each use. Direct Care Staff need to be responsible for this

cleaning before putting the equipment back *or* they can give the equipment to Medical for cleaning. Do not put away without proper cleaning.

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents, prevent protrusion of contents, and prevent leakage during handling.

The procedure for handling sharps disposal containers is: Sharps containers are located in the main Control Room and in the Medical Office. When the Control Room sharps container is $\frac{3}{4}$ full, close the container and take to the Medical Office. Replace the full container with a new, empty sharps container.

The procedure for handling other regulated waste is:

- Contaminated but not saturated waste can be disposed of in the regular trash.
- Saturated waste (squeezable blood or body fluid) should be disposed of in a red, biohazard bag - located in the main Control Room and Medical. Medical will be responsible for disposing of red biohazard bags.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled as biohazard. Sharps disposal containers are available in the main Control Room and in the Medical Office.

Contaminated counters/table tops, floors, walls etc. are cleaned and decontaminated as soon as feasible after visible contamination. Decontaminate with Lysol as directed.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Laundry

The following contaminated articles will be laundered by this company:

- Sheets/pillow cases
- Resident clothing
- Employee contaminated clothing: Employees should have an extra set of clothes available to wear while their contaminated clothing is being washed.

Laundering will be performed by Direct Care Staff on each unit. Laundry contaminated with blood or OPIM needs to be washed separate from regular laundry.

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place wet, contaminated laundry directly into the washer on the unit. Use hot water and bleach for whites.
- Wear gloves when handling and/or sorting contaminated laundry.

Labels

Sharps containers and red, biohazard bags are already marked with a biohazard label. Direct Care Staff is responsible for ensuring that red bags and sharps containers are used as required if regulated waste is in the facility. Employees are to notify a Direct Care Supervisor if they discover regulated waste containers containing blood or OPIM, contaminated equipment, etc., without proper labels.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should a blood borne pathogen exposure incident occur, fill out the Employee Injury Report and contact the Assistant Director.

An immediately available appointment will be made with employee's primary care physician and a confidential medical evaluation and follow-up will be conducted by Administration. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Director ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Director will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident

Medical will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary the Director will ensure that appropriate changes are made.

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by Admin Assistant. Employees will be shown a video on bloodborne pathogens and review the Exposure Control Plan Part 1.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident

- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in each employee file and/or in the computer In-service file.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Administrative Assistant.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Medical Assistant.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Administrative Assistant.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Part 2 Hazard Communication Standard

The following Hazard Communication Program is based on the requirements of the OSHA Hazard Communications Standard, 29 CFR 1910.1200.

Hazard Communication Program

1. Company Policy

To ensure that information about the dangers of all hazardous chemicals used by Muskegon River Pathway of Hope is known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA Hazard Communications Standard, the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals.

This program applies to all work operations in our company where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All work units of this company will participate in the Hazard Communication Program. Copies of the Hazard Communication Program are available in the Policy Manual in the Main Office for review by any interested employee.

The Director is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

2. Container Labeling

Direct Care Staff will verify that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning, and list the manufacturer's name and address.

The Direct Care Staff in each section will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning. For help with labeling, see the Administrative Assistant.

The Director will review the company labeling procedures annually and will update labels as required.

3. Material Safety Data Sheets (MSDSs)

The Director is responsible for establishing and monitoring the company MSDS program. He/she will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is communicated to affected employees. The procedure below will be followed when an MSDS is not received at the time of initial shipment:

1. Notify the Administrative Assistant of the new chemical, the date received, and the manufacturer.
2. The Administrative Assistant will look up the manufacturer and print the MSDS.
3. The Administrative Assistant will add or replace the MSDS in each red MSDS Manual.
4. The Administrative Assistant will list the new MSDS on the LARA New or Revised Posting Form located on the bulletin board in the Main Building Lobby.

Copies of MSDSs for all hazardous chemicals to which employees are exposed or are potentially exposed will be kept in red MSDS manuals located at unit control desks, Assessment laundry room, Kitchen, Main Office, and the Medical Office,

MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, contact the Administrative Assistant.

When revised MSDSs are received, the following procedures will be followed to replace old MSDSs:

1. Forward the new or revised MSDS to the Administrative Assistant
2. The Administrative Assistant will add or replace the MSDS in each red MSDS Manual.
3. The Administrative Assistant will list the new or updated MSDS on the LARA New or Revised Posting Form located on the bulletin board in the Main Building Lobby.

4. Employee Training and Information

The Administrative Assistant is responsible for the Hazard Communication Program and will ensure that all program elements are carried out.

Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan during their initial training period. Each new employee will attend a health and safety orientation that includes the following information and training:

- An overview of the OSHA hazard communication standard
- The hazardous chemicals present at his/her work area
- The physical and health risks of the hazardous chemicals
- Symptoms of overexposure
- How to determine the presence or release of hazardous chemicals in the work area
- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices and personal protective equipment
- Steps the company has taken to reduce or prevent exposure to hazardous chemicals
- Procedures to follow if employees are overexposed to hazardous chemicals
- How to read labels and MSDS to obtain hazard information
- Location of the MSDS file and written Hazard Communication program

Prior to introducing a new chemical hazard into any section of this company, each employee in that section will be given information and training as outlined above for the new chemical hazard.

5. Informing Other Employers/Contractors

It is the responsibility of the Director to provide other employers and contractors with information about hazardous chemicals that their employees may be exposed to on a job site and suggested precautions for employees.

Other employers and contractors will be provided with MSDSs for hazardous chemicals generated by this company's operations within 24 hours of on-site work.

Also, other employers will be informed of the hazard labels used by the company. If symbolic or numerical labeling systems are used, the other employees will be provided with information to understand the labels used for hazardous chemicals for which their employees may have exposure.

7. List of Hazardous Chemicals

A list of all known hazardous chemicals used by our employees is attached to this plan. This list includes the name of the chemical, the manufacturer, the work area in which the chemical is used, dates of use, and quantity used. Further information on each chemical may be obtained from the MSDS Manual located in each unit.

When new chemicals are received, this list is updated (including date the chemicals were introduced) within 30 days. The hazardous chemical inventory is compiled and maintained by the Administrative Assistant.

8. Program Availability

A copy of this program will be made available, upon request, to employees and their representatives.

OSHA Regional Offices

Region I

(CT,* ME, MA, NH, RI, VT*)
Boston, MA 02203
(617) 565-9860

Region II

(NJ,* NY,* PR,* VI*)
201 Varick Street, Room 670
New York, NY 10014
(212) 337-2378

Region III

(DE, DC, MD,* PA,* VA,* WV)
The Curtis Center
170 S. Independence Mall West
Suite 740 West
Philadelphia, PA 19106-3309
(215) 861-4900

Region IV

(AL, FL, GA, KY,* MS, NC,* SC,* TN*)
Atlanta Federal Center
61 Forsyth Street SW, Room 6T50
Atlanta, GA 30303
(404) 562-2300

Region V

(IL, IN,* MI,* MN,* OH, WI)
230 South Dearborn Street,
Room 3244
Chicago, IL 60604
(312) 353-2220

Region VI

(AR, LA, NM,* OK, TX)
525 Griffin Street, Room 602
Dallas, TX 75202

(214) 767-4731 or 4736 x224

Region VII

(IA,* KS, MO, NE)
City Center Square
1100 Main Street, Suite 800
Kansas City, MO 64105
(816) 426-5861

Region VIII

(CO, MT, ND, SD, UT,* WY*)
1999 Broadway, Suite 1690
PO Box 46550
Denver, CO 80202-5716
(303) 844-1600

Region IX

(American Samoa, AZ,* CA,* HI, NV,*
Northern Mariana Islands)
71 Stevenson Street, Room 420
San Francisco, CA 94105
(415) 975-4310

Region X

(AK,* ID, OR* WA*)
1111 Third Avenue, Suite 715
Seattle, WA 98101-3212
(206) 553-593

*These states and territories operate their own OSHA-approved job safety and health programs (Connecticut, New Jersey, and New York plans cover public employees only). States with approved programs must have a standard that is identical to, or at least as effective as, the federal standard.

NOTE: To get contact information for OSHA Area Offices, OSHA-approved state plans, and OSHA Consultation Projects, please visit us online at www.osha.gov or call us at (800) 321-OSHA.

Basement Policy

Muskegon River Pathway of Hope will not allow any of the resident girls to be in the basement at any time unless there is a tornado.

Food Services

It is the policy of Muskegon River Pathway of Hope that the nutritional needs of the residents are met while at the facility; planning, preparing and delivery of meals that are nutritionally sound, sanitary and are in a professional manner. Muskegon River Pathway of Hope will designate a staff member to oversee the food services and follow the SOP and requirements set forth by the Michigan DHHS BJJ and the Michigan Food Code.

The food services manager will supervise all food service operations by:

- Ensuring compliance with applicable federal, state, and local statutes, regulations, policies, and procedures regarding sanitation and health standards related to facility food services.
- Monitor kitchen staff for cleanliness, health, and professionalism (including the wearing of hair restraints and appropriate washing of hands).
- Submit menus in advance for approval by the Muskegon River Pathway of Hope Director or designee
- Expedite implementation of corrective action plans to address any inspection-noted deficiencies.

Any of the following individuals may order special medical, therapeutic, or religious diets:

- Physicians
- Physician's assistant
- Nurse Practitioner
- Dentist
- Facility Chaplain
- Facility/center Director or Designee

All of the following are minimal meal requirements:

- There are 3 nutritionally sufficient meals per day, 2 of these meals must be hot at scheduled mealtimes.
- There is a snack after shift change and before bedtime. Ensuring that no more than 14 hours pass between the evening snack and breakfast
- Meals meet the Recommended Dietary Allowances (RDA) published by the National Research Council.
- Meals are not altered for disciplinary reasons.
- Meals appear appetizing and are aesthetically pleasing
- Mandated substituted food items have comparable nutritional value.
- The preparation, consumption, and clean-up of meals are supervised by staff.
- Detailed and complete records on all meals served are retained for 2 years.

The food service manager will conduct and log inspections to ensure all of the following:

- Appropriate temperatures for all food during storage, thawing, cooking, cooling, serving, holding and reheating
- Weekly inspections of the food services area
- Daily temperature checks of refrigerators, freezers, and dishwashers
- Results of any health inspections posted prominently in the food service area
- All inspections are documented with copies forwarded to the facility Director or designee
- Ensure that all food service tools are: kept in a secured area or container when not being used by designated staff, not being used by youth unless directly supervised by staff, and keep an updated inventory posted promptly in the storage area or on the container that is checked and documented at the beginning of each shift.

Food Service Tools:

- Kitchen staff will report any diagnosed illness of the following to the Food Services Manager: Norovirus, Hepatitis A virus, Shigella spp., Enter-hemorrhagic or Shiga Toxin-Producing Escherichia Coli, or Salmonella Typhi. Symptoms for these illnesses are as follows: Vomiting, diarrhea, jaundice, sore throat with fever, or a lesion. Staff also experiencing persistent coughing, sneezing, or runny noses that causes a discharge from the eyes, nose or mouth may not work with exposed food, clean equipment or utensils.
- All kitchen staff must practice appropriate washing of hands and exposed portions of their arms immediately before engaging in food preparation, after touching bare human body parts, after using the rest room, after coughing, sneezing, eating, or drinking, after handling soiled equipment, when changing tasks (includes when changing from raw to ready-to-eat foods), and before putting gloves on. The cleaning procedure is as followed: rinse under clean, running warm water, apply cleaning compound, rub vigorously for at least 15 seconds (cleaning underneath fingernails) and thoroughly rinse under clean, warm running water. Dry with disposable towels. All hand washing is to be done at the hand washing sink (located in the staff bathroom) equipped with cleaning compound, disposable towels, and a clearly visible hand washing sign. At no time may the kitchen sink be used for hand washing.
- Kitchen staff must keep fingernails trimmed and maintained. No jewelry, except for a plain ring such as a wedding band, may be worn during food preparation.

- All kitchen staff must wear hair restraints and single use gloves during food preparation. Ready-to-eat foods may not be touched with bare hands. Food shall only come in contact with the surfaces of clean equipment and utensils, or single service/use articles.
- Wiping cloths may not be used for any other purpose and will be laundered after each use.
- When providing a second portion or refill, dispensing utensils may not contact with the soiled container or cup.
- Storage of all food items will be at least 6 inches above the floor, in a clean, dry location and not exposed to any sort of contamination.
- Appropriate internal cooking temperatures will be reached during preparation and hot foods must maintain a temperature of above 135 degrees. Cold foods must be kept under 41 degrees prior and through serving. See internal cooking temp chart for meats.
- All food preparation will be done on the food preparation surface, located to the right of the stove. The surface located to the left of the stove is designated for clean wares and the surface located to the left of the sink is designated for dirty wares, to prevent contamination of food and clean wares.
- When reheating food, and internal temperature of 165 degrees for 15 seconds must be reached.
- Thawing of foods will be done under refrigeration, maintaining a temperature of 41 degrees or less. If part of the food is frozen during the preparation process, thawing in a microwave may be done, as long as it is immediately cooked following. Water thawing is not permitted due to improper facilities to maintain water velocity and temperature.
- Cooling of foods not served out must be done within 6 hours, allowing foods to drop from 135 degrees to 70 degrees in the first 2 hours, and then from 70 degrees to 41 degrees in the following 4 hours.
- Date marking of all food items must include: date prepared, date of expiration (within 7 days of date of prepared), and common name of food. Original container/non-prepared foods must also be marked with a date opened label, discarding prior to date of manufacturing expiration.
- At no time will sponges be permitted to come in contact with clean, sanitized, or in-use food contact surfaces.
- Dish washing detergents will be stored under the sink to ensure proper storage and to prevent contamination of food.
- The sanitation solution will be made immediately before use and drained immediately following, using as directed on manufacturers label (1 to 2 tablets per gallon of water) with hot water. Contact time of 1 minute will also be obtained for proper sanitation. The 3 step cleaning process (wash, rinse, sanitize) will be used for cleaning and sanitizing all kitchen equipment and utensils. All equipment must then be air-dried following proper sanitation. Cleaned equipment must then be stored in a clean, dry location, not exposed to any contamination and at least 6 inches above the floor.
- Single use/service articles at no time may be reused.
- The service sink, in the laundry room, will be used for cleaning of mops and for the disposal of mop water and similar liquid waste.
- All cleaners and sanitizers will be properly separated as to not contaminate food, utensils, or linens. Sanitizers taken from bulk will be clearly and individually identified with the common name of the material. (Lysol all purpose-use full strength or dilute ¼ cup per gallon of water for food surfaces after use.)

- All medicines that require refrigeration will be stored in a separate refrigerator from the food service refrigerators.
- Disposal of garbage will be in accordance with the applicable sanitation regulations, disposing of garbage into designated outdoor trash receptacle provided.
- Cutting boards:
 - Red for Meats
 - White for veggies and fruit

Swimming/Aquatic

At least one qualified life guard is to be in a pool or lake area at all times when the residents are swimming and cannot be counted in the staffing ratio. All swimming guidelines are to be strictly followed. Staff/staff children may swim at their own risk without a life guard. Pathway requires one-piece bathing suits for all females, no exceptions.

Music

In House or in Vehicle:

Residents are permitted to listen to music in the house and in agency vehicles from the Muskegon River Pathway of Hope audio library and/or CD Library. The Muskegon River Pathway of Hope audio library is located on the staff computer. The CD Library is located in a locked staff closet. The Muskegon River Pathway of Hope audio and CD library consists of positive music from all genres. The Muskegon River Pathway of Hope audio library does not contain music that contains violence, vulgar language, sexual content, and/or words that promote a negative environment.

Residents may purchase MP3 Players through rewards store and have music from the MRPOH library downloaded on them. MP3 Players available in the rewards store will not have internet accessing capabilities. Residents may not bring in MP3 Players from outside of the agency. Resident MP3 players purchased through rewards store will be kept locked in the little bin closet and may be accessed during daytime hours at the permission of the staff on duty. Residents must keep the volume low enough to be able to hear staff directives at all times. Residents may not take the MP3 Players outside of the building or agency for any reason. Residents may not add any music on the MP3 Players at any time. Residents may temporarily or permanently lose their MP3 privileges if MP3 rules are not followed and/or they do not earn required level score averages. If a MP3 player is permanently confiscated from a resident it will be placed downstairs in storage until the resident is released from the program. MRPOH is not responsible for any lost or stolen MP3 players purchased through rewards store.

Residents are not permitted to dictate the music that is played in the house or in an agency vehicle. Residents may not possess CDs or access the agency CD Players. All music must be approved by agency administration prior to entering the Muskegon River Pathway of Hope audio and/or CD library.

Keep the volume at a pleasant level especially at bedtime when the girls should be settling down.

Vehicle Policy

1. The driver of any vehicle transporting residents at the request or on behalf of Muskegon River Pathway of Hope shall be an adult and possess a valid operator or chauffeur license. Muskegon River Pathway of Hope will ensure and document that staff operating vehicles on state business have a valid driver's license with any necessary endorsements. Staff must immediately report a revoked or suspended driver's license to their supervisor.
2. Each resident transported on public roads shall occupy a manufacturer's designated seat and be secured in a seatbelt.
3. No driver of a vehicle transporting residents shall drive in excess of the designated speed limits or at a speed unsafe for the conditions of the road. Careless, irresponsible driving is absolutely forbidden and will result in appropriate disciplinary action.
4. Transporters are to go immediately to the proper destination and return directly from the same. Do not go on any other excursions or joy rides during a transport unless prior approval is granted by your supervisor.
5. Do not park vehicles on the lawns (except for washing, etc.) Do not drive across lawns unless it is necessary. Take special precaution during times the frost is coming out of the ground.
6. Do not allow residents to yell or whistle out the windows.
7. No residents are to be in a vehicle (except for cleaning) without a staff.
8. No vehicles are to be on two-tracks or off roads except for work.
9. Keys are to be returned immediately to the lock up room upon returning to Pathway.
10. Each transporter is responsible to ensure the general cleanliness of a vehicle upon returning.
11. Male staff may not transport any female resident's alone at any time.

Seatbelts

By law every resident is to be securely fastened in an individual working seat belt when on a public road. Every driver is responsible to ensure this before leaving Muskegon River Pathway of Hope's property.

Upon returning every driver is to ensure that the seatbelts are in working order before leaving the vehicle.

Under NO circumstances is there to be a resident not fastened properly in a seatbelt.

Personal Use of Muskegon River Pathway of Hope Vehicles

At times there may be a legitimate need to borrow a Muskegon River Pathway of Hope vehicle. In such a case, a form is to be obtained prior to the vehicle's use from the Business Manager or Director. The cost will be the current IRS mileage rate. This also applies to any personal side trips while on transporting duty. Pathways of Hope's vehicles are not to be used for trips downtown, etc. or for personal business if your vehicle is available.

Staff-to-Resident Ratio

The ratio of staff-to-residents shall be a minimum of 1:10 during normal waking hours (7:00 a.m. – 11:00 p.m.) and 1:20 during normal sleeping hours (11:00 p.m. – 7:00 a.m.). Staff must provide line of site supervision at all times during awake hours. At all times, a female staff will be present. A minimum of two staff, one being a Lead Staff/Shift Supervisor, must be present for any outing in the community.

Incident Procedures

Employees shall complete the following steps in order following an incident:

1. The Lead Staff/Shift supervisor on duty involved in an incident shall contact the **agency Director**.
2. The agency Director will provide instruction to the staff on how to precede based upon the type of Incident reported. (Example: if a sexual assault occurs between residents the Director will instruct the staff to follow the PREA policy and procedures)
3. All agency incident report forms shall be completed and a typed narrative of the incident shall be drafted by the Team Leader and employees involved in the incident.
4. The incident reports shall be submitted to the assigned agency Incident Report Review staff member within 24 hours of the incident. With a copy saved to a zip drive and placed in the staff lock box. If it is after business hours or a weekend the incident report should be placed the Incident Report Review staff member's mailbox.
5. The JKM Instructor shall be notified within 24 hours if a physical restraint was involved in the incident.
6. The assigned agency staff will review the incident report(s) and make any changes on the zip drive and fax it to all parties involved in the resident's case.
7. The assigned agency staff member will submit the incident reports to the agency Director/Assistant Director for review and approval/signatures within 48 hours of the incident.
8. Signed incident report(s) will be filed in the resident case file as well as in the agency incident report binder.

9. Paper incident reports must be entered into the Juvenile Justice Information System (MISACWIS) within 72 hours of the incident.
10. Security Camera System data may be available to the placing worker, police, and/or other parties. Requests for this data should be made to the agency Director.
11. The agency Director or Designee must ensure that any video or audio recording documenting the physical restraint is retained for two years. Anytime the agency copies security video of an incident on a disc, a copy will be placed in the resident file and the JKM Instructor will keep a copy in the locked incident report file cabinet.

Report Requirements

1. Employees involved in an emergency safety procedure shall be required to document the incident within twenty four hours and turn the incident report in to their supervisor.
2. Documentation of the incident shall be written by the *Intervention Leader*, all staff members involved, as well as Director and Supervisor shall be required to sign the incident report.
3. All incident reports shall include the following information:
 - a. The chronological narrative of the event.
 - b. The specific behavior(s) requiring intervention.
 - c. De-escalation strategies, verbal interventions, active listening strategies, and the resident's response to them.
 - d. Date and time of the intervention.
 - e. The specific physical intervention(s) used.
 - f. All staff and resident(s) involved.
 - g. All staff who observed the incident.
 - h. The duration of the incident.
 - i. Follow up procedures that occurred.

Debriefing and Follow Up Procedures

4. After all emergency safety procedures staff shall be required to follow up with:
 - a. Debriefing with the resident (using agency forms located in file room)
 - b. Debriefing with the group
 - c. Case Manager Communicating with family members
 - d. Mental health assessment (if needed)
 - e. Medical assessment.
 1. If a resident complains of a head, neck or back injury staff will be required to take the resident to see a medical health professional.
5. After all reports are done and turned in the Director or designee will:
 - a. Review and remark on all documentation.
 - b. Communicate with all parties to ensure policy was followed and that all parties are emotionally and physically stable
 - c. Communicate with the director any issues that the staff may be experiencing from the event

Muskegon River Pathway of Hope Documentation/Incident Report & Debriefing Policies and Procedures

At times there are incidents that occur at Muskegon River Pathway of Hope other than the norm. An Incident report must be completed after any physical intervention, sexual misconduct, attempted escape/escape, noncompliance with program rules, and refusal of medication, self-harm, suicidal/homicidal ideations or behaviors. The intervention leader must complete the Incident Report and save it to the zip drive located in the staff lock box. A hard copy of the incident report must be turned into the Case Manager within 24 hours. Any changes that are needed will be made by the Case Manager off the zip drive and sent within 48 hours to the perspective worker, judge, attorney and parent. Paper incident reports must be entered into the Juvenile Justice Information System (MISACWIS) within 72 hours of the incident.

Incidents requiring a physical intervention should be closely monitored. The client involved in the physical intervention must have the following areas observed (but not limited to) pulse, body temperature, respiration, consciousness, bruising, abrasions, and swelling. Staff should also monitor the client's level of agitation and mental status. This continuous monitoring should be documented every ten minutes.

An Incident Report must include the following information:

- Who? All parties involved
- When? Exact times and duration of the event (if possible)
- Where? Exact location(s)
- What? Chronological description of events
- Why? Reason(s) for physical intervention

Report Numbering

Muskegon River Pathway of Hope will assign each paper incident report for a unique identifying number consisting of the following:

- The two digit facility code (91)
- Two Digit Month
- Two Digit Date
- A two digit (starting with 01) sequential numbering of all incident reports for that single date. All incident reports describing a single incident are in sequence.
- A two digit facility assigned number (Assigned Staff Number)

Serious Accident or Illness

Muskegon River Pathway of Hope will use medical forms provided by the agency for reporting serious accidents or illnesses requiring medical attention which occurs while the client is under Muskegon River Pathway of Hope supervision.

Whenever serious injuries or an illness requiring hospitalization of a resident occurs, the referring agency/parent, when appropriate, will be notified as soon as possible and within 24 hours. The death of a resident shall be reported immediately to the parent, guardian, next of kin, law enforcement, licensing authority, and the referring agency.

Muskegon River Pathway of Hope shall report any arrest, serious injury or illness requiring overnight hospitalization of a resident, or any other unusual legal or medical incident involving a DHHS supervised JJ Youth in placement to the JJS and the resident's parent or designated emergency contact person within 24 hours and confirm the information in writing within 5 working days. Additionally, Muskegon River Pathway of Hope shall notify the Bureau

of Juvenile Justice (BJJ) Director by completing the BJJ Incident Report (word template located at <http://MiSACWIShelp.famcare.net>) and faxing the form within 24 hours of the incident to 517-241-5632.

Mandated Reporting Policy

The Michigan Child Protection Law requires that all employees of Muskegon River Pathway of Hope report their suspicions of child abuse or neglect to Children's Protective Services (CPS) at the Department of Human Services (DHHS). As mandated reporters, Muskegon River Pathway of Hope employees are **required to make an immediate verbal report to CPS and written report within 72 hours** when child abuse or neglect is suspected. All Muskegon River Pathway of Hope employees are required to read and keep a copy of the Mandated Reporter's Resource Guide. Documentation that each employee read and understands the Mandated Reporter's Resource Guide and mandated reporter steps and requirements will be kept in each employee personnel file.

Muskegon River Pathway of Hope Mandated Reporting Procedures (Staff should follow these procedures in order)

1. If a staff member suspects that a resident has been physically or sexually abused or neglected, that staff member should report the information to the On-Call Supervisor, assigned Case Manager, Supervisor, or Program Director immediately.
2. The staff member that had contact with the resident shall make an immediate verbal report by phone to the CI DHHS office. As of March 5, 2012 all CPS/APS abuse neglect complaints must be called in to the CI unit in Kent County.
Centralized Intake (State of Michigan DHHS)
5321 28th Street Court SE
Grand Rapids, MI 49546
(855) 444-3911 (Toll free Number)
DHHS-CPS-CIGroup@michigan.Gov
3. The staff member that had contact with the resident shall fill out a DHHS 3200 Form and fax it to the local DHHS office within 72 hours of the verbal report. The DHHS-3200 can be found and printed from http://www.michigan.gov/documents/DHHS/DHHS-3200_224934_7.pdf or in the staff file cabinet and then fax the form to the CI in Kent County.
(616)977-1154 or (616)977-1158
4. The staff member that filed the verbal and written report shall provide a copy of the DHHS 3200 to the assigned agency Case Worker.
5. The assigned Agency Case Worker shall make contact with the placing worker and notify them of the suspected abuse and/or neglect as well as the report to DHHS.

Children's Protective Services Records

It is the policy of the Michigan DHHS BJJ that CPS records are only available in compliance with the Child Protection Law. Muskegon River Pathway of Hope will ensure that resident files containing CPS records will be easily identifiable to help ensure the confidentiality of the records. Names and all references to the complainant will be

removed from the youth's file. CPS records are accessible only to treatment personnel working with the youth and/or family.

Staff Assault

It is the policy of Muskegon River Pathway of Hope that the agency will take the following reasonable measures to prevent assaults on staff:

- Facility administration will continually assess and improve the youth programs to improve safety and security of youths, staff and the public
- All staff working directly with youth will receive crisis intervention training
- Staff will be oriented as employee rights under the "right-to-know" laws
- The building structure, including locks, doors, lighting and other features are kept in a state of good repair. New construction and remodeling plans consider new developments in structural aspects of institutional design.
- Employees will be issued an agency identification card with photo, name, and title
- Visitors will be properly screened and advised of appropriate policies and practices.
- Implement a process for obtaining backup resources when out-of-control behavior occurs
- A shift supervisor and/or administrator will be called in during a crisis situation to witness the youth's behavior and the staff's response.
- Staff will be informed of a youth having a history of assaultive behavior

The following procedures will be followed if a staff member is assaulted and injured:

- Emergency personnel will be contacted by dialing 911 or using the security keypad if the injury requires immediate medical attention beyond routine first aid
- Injured staff may drive themselves if they are not seriously injured and appear alert and able to drive. If staff drive themselves contrary to facility management advice, they are required to sign a release
- The agency Supervisor or Director will be contacted immediately
- An incident report/staff injury report should be completed by the injured staff, witnessing staff, and/or Director/Designee within 24 hours
- A claim will be submitted by the agency Director or Designee to Workman's Compensation within 24 hours of the injury
- All staff injuries must be documented on the incident report no matter how minor in nature
- Pathway administration will follow all physician orders regarding leave time due to injury
- A de-briefing meeting and investigation of the incident will be coordinated and documented and include all agency members involved in the incident
- All other agency incident reporting policies will be followed

Any time a staff person is assaulted and injured, the agency will file a police report. It is left to the discretion of the injured staff person to exercise the right to file charges. An assaulted staff will receive administrative leave for time needed for related judicial process meetings and Court appearances.

Suicide/Self Harming Watch Policy

Definition of Suicide: Intentionally kill oneself, self -destruction, take one's own life

Definition of Suicidal Ideations: Wanting to take one's life or thinking about suicide without a plan to commit suicide. However, the term suicidal ideation is often used more generally to refer to having the intent to commit suicide, including planning how it will be done-Is a symptom of both major depression and bipolar depression.

Definition of self- harming: The deliberate non-suicidal injuring of one's body

In the event that one of the resident voices any of these, tells another resident she wishes to do so, or a letter of such things is found, has overall non-compliance to commit to not do so, or has self-harmed in any way she is to be placed under a 24 hour suicide watch. The assigned agency Case Manager shall be notified immediately. The lead staff/on Shift Supervisor will complete an assessment on the resident and will fill out an incident report for the assigned agency Case Manager.

- The resident's personal belongings will be searched immediately.
- Including her backpack, cubby, room, and all areas in the house based upon information obtained from the resident or residents.
- The resident will be in staff eye sight at all times.
- The resident may not go to any part of the house without a staff present except to use the bathroom (but a staff must stand outside the door while the resident is in there).
- If it is shower time the resident will only be allowed ten minutes to shower and dress and a staff will remain outside the door until the resident comes out.
- The resident will sleep in a designated area under direct supervision of the staff during sleeping hours to be monitored throughout the evening. This designated area is in the incentive room on the futon bed.
- A physical check on the resident must be done every 10 to 15 minutes based upon the severity of the intent.
- After every check the Direct Care Worker will note their checks on a form provided by Pathway and will note if there is any attempt to follow through with the plan or if there is any attempt to self-harm.
- At the end of the 24 hour period the Case Manager will re-evaluate whether or not the resident stays on the watch or is ok to return to normal activities. (The resident has made a commitment not to do any of the above mentioned to herself)
- If the resident's 24 hour period runs into school hours she will not be allowed to attend school until she has been re-evaluated by the Case Manager and has been deemed ok to return to normal activities.
- If the resident's 24 hour is up on the weekend then the acting team leader will make the determination if the resident is ready to come off from the suicide watch.
- When the resident is released to return to normal activities they will sign the watch form and it will be placed in her file.

PREVENTION OF RESIDENT SEXUAL ASSAULT/RAPE

Residential juvenile justice staff must have zero tolerance for sexual abuse and sexual harassment of residents. MRPOH must ensure that preventive plans are in place and, should allegations regarding sexual abuse or harassment be made, that staff are appropriately trained to take actions to rapidly restore safety, attend to and support the victim, and promptly begin the investigative process.

PURPOSE

To prevent incidents of sexual abuse and sexual harassment to the maximum extent practical and to take prompt, effective and compassionate action in the event that allegations of sexual abuse or harassment are made.

DEFINITIONS

See JRG, JJ Residential Glossary.

Resident-on-resident sexually abusive penetration: Any sexual penetration by a resident of another resident. The sexual acts included are: contact between the penis and the vagina or the anus; contact between the mouth and the penis, vagina, or anus; or, penetration of the anal or genital opening of another person by a hand, finger, or other object.

Resident-on-resident sexually abusive contact: Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by a resident of another resident, with or without the latter's consent, or of a resident who is coerced into sexual contact by threats of violence, or of a resident who is unable to refuse.

Resident-on-resident sexual harassment: Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, or gestures or actions of a derogatory or offensive sexual nature by one resident directed toward another.

Staff-on-resident sexually abusive contact: Includes non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks by a staff member or a resident that is unrelated to official duties.

Staff-on-resident sexually abusive penetration: Sexual penetration by a staff member of a resident, including contact between the penis and vagina or anus; contact between the mouth and the penis, vagina, or anus; or, penetration of the anal or genital opening of another person by a hand, finger, or other object.

Staff-on-resident indecent exposure: The display by a staff member of his or her uncovered genitalia, buttocks, or breast in the presence of a resident.

Staff-on-resident voyeurism: An invasion of a resident's privacy by staff for reasons unrelated to official duties or when otherwise not necessary for safety and security reasons

Staff-on-resident sexual harassment: Repeated verbal comments or gestures of a sexual nature to a resident by a staff member. Such statements include demeaning references to gender,

sexually suggestive or derogatory comments about body or clothing, or profane or obscene language or gestures.

Staff sexual misconduct: Includes any behavior or act of a sexual nature directed toward a juvenile or youthful offender by an employee, volunteer, contractor, official visitor, or other agency representative. Sexual relationships of a romantic nature between staff and youth are included in this definition.

Sexual Exploitation: Includes allowing, permitting, or encouraging a child to engage in prostitution, or allowing, permitting, encouraging, or engaging in the photographing, filming, or depicting of a child engaged in a listed sexual act as defined in MCL 750.145c
Also see JRG

RESPONSIBLE STAFF

Dawn Kruithoff

LLP,LLPC, CADDC, CCDP-D

Facility Compliance Manager/Coordinator

Angela Montgomery, Assistant Director/ Supervisor

STANDARD OPERATING PROCEDURE

A. Providing Sexual Assault/Rape Prevention Information to Youth

1. The facility youth orientation process includes policy and procedures relating to prevention of and response to reports of sexual assault/rape. This orientation must occur within the first 10 days of a youth's admittance day and an annual refresher must be provided. The information provided includes but is not limited to:
 - a. The DHHS zero-tolerance policy.
 - b. Self-protection including avoiding risk situations related to sexual assault prevention/intervention.
 - c. Reporting procedures; how to report rape, sexual activity, sexual abuse, or sexual harassment. Multiple reporting options at Muskegon River Pathway of Hope include: 1) Verbally to any staff, counselor, or administrator; 2) in writing to any staff, counselor, or administrator; 3) in writing through the youth and family grievance; and, 4) Externally by telephoning the DHHS Hotline. Anonymous and third party reports must also be accepted.
 - d. Treatment and counseling, how to obtain counseling services and/or medical assistance if victimized.
 - e. Protection against retaliation.
 - f. Risks and potential consequences for engaging in any type of sexual activity while at the facility.
 - g. Disciplinary action(s) for making false allegations.

2. The information is provided verbally and in written form, and the information is in a language and format that the youth can understand. Accommodations must be provided so that LEP, deaf, blind, or otherwise disabled residents have full access to this information. Resident readers or interpreters may not be used to provide this information, except when to do so would cause an unnecessary delay that could compromise the youth's safety.
3. Video presentations may be used to supplement the content of the presentation but direct verbal and written information must be included.
4. Each resident signs a written acknowledgement form for the sexual assault/rape prevention portion of the orientation.
5. The signed acknowledgment form is filed in the youth's case record.

B. Youth Assessment

1. The resident's behavior history must be reviewed, within 72 hours of arrival at the facility, as part of orientation to determine the resident's potential risk of sexual vulnerability based on the following risk factors:
 - a. Age
 - b. Physical stature
 - c. Developmental disability
 - d. Mental illness
 - e. Sex offender status (per offense history)
 - f. First-time offender status
 - g. Past history of victimization
 - h. Physical disabilities and the residents own perception of vulnerabilities.
2. The youth must be evaluated as part of orientation to determine if the youth is prone to victimize other youth, especially in regard to sexual behavior, based on the following risk factors:
 - a. History of sexually aggressive behavior
 - b. History of violence as related to a sexual offense
 - c. Anti-social attitudes indicative of sexually aggressive behavior
 - d. If the risk assessment completed by the Case Manager during Youth Orientation indicates that the resident has been a victim of sexual abuse or has committed sexual abuse, the resident will be examined by a medical or mental health provider within 14 days of the completed assessment.
3. The agency must use all information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping residents safe and free from sexual abuse. The agency must document how the assessment information was used to inform placement and assignments.

4. Lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents may not be housed solely on the basis of such identification or status. In addition, the agency must:
 - a. Decide on a case-by-case basis whether to place a transgender or intersex youth in a facility for male or female residents. Placement decisions are based on whether the placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
 - b. Review placement and programming assignments at least twice each year to assess any threats to safety experienced by the resident.
 - c. Allow transgender and intersex youths the opportunity to shower separately from other residents.
5. A youth may be isolated from other youth as a preventive and protective measure, but only as a last resort when other less restrictive measures are inadequate to keep the youth safe from other youths, and then only until an alternate means of keeping all youths safe can be arranged. During any periods of protective isolation, facility staff may not deny a youth otherwise under control, access to daily large-muscle exercise and legally-required educational programming or special education services. Any youth in isolation must receive daily visits from a medical or mental health care clinician and must have access to other programs to the extent possible.
6. Assessment activities must be documented.
7. Muskegon River Pathway of Hope does not discriminate in the placement of lesbian, gay, bisexual, transgender, and intersex offenders. Muskegon River Pathway of Hope maintains a "No Personal Contact" rule for all residents at all times and does not allow residents to maintain any dating relationships while in placement. The safety of all residents is the primary consideration when considering the placement/intake of a youth into the program.

C. Staff Training on Offender Sexual Assault/Rape Prevention and Reporting

1. All MRPOH facility staff, contractors, and volunteers must complete training for sexual assault/rape prevention, incident response, and reporting. All facility staff, contractors, and volunteers must complete annual refresher training. At the conclusion of each training session, staff, contractors, and volunteers must sign that they attended and understood the training. This signature sheet is kept on file for a period determined by the Record Retention Schedule. This signature sheet is kept on file for a period of seven years.
2. All MRPOH facility staff must read this policy and any related local facility written policy or procedure articles prior to assuming duties with youth, when the policy or procedure changes, and on at least an annual basis. Staff must sign a written acknowledgment that they read and understood the policies and procedures. This signature sheet is kept on file for a period determined by the

Record Retention Schedule. This signature sheet is kept on file for a period of seven years.

3. Staff, contractors, and volunteers that have been trained but later transfer or work at a facility housing a different gender, then additional gender-specific training is required.

D. Staff Supervision Relative to PREA Standards

1. Staff must recognize that sexual assault/rape can occur in virtually any area in a residential facility. Requirements for staff supervision of youth in JR5 540, Youth to Staff Ratio, apply at all times. (1 Staff to 10 Residents with line of sight supervision during awake hours; 1 Staff to 20 Residents during sleep hours)
2. Staff must always be aware of warning signs that may indicate that a youth has been sexually assaulted or is in fear of being sexually assaulted. Warning signs include but are not limited to: isolation, depression, lashing out at others, refusing to shower, suicidal thoughts or actions, seeking protective custody, and refusing to leave isolation.
3. Staff must be aware of sexually aggressive behavior. Characteristics or warning signs may include a prior history of committing sex offenses, use of strong arm tactics (extortion), associating or pairing up with a youth that meets the profile of a potential victim, exhibiting voyeuristic and/or exhibitionistic behavior, and a demonstrated inability to control anger.
4. Non-medical staff of the opposite gender of youth may not observe youth changing clothing, showering, or performing other bodily functions where buttocks or genitalia of youth are exposed except in exigent circumstances or when such viewing is incidental to routine room checks.
5. When staff of the opposite gender enters the youth sleeping area and bathroom areas of the house they must announce their presence. When a staff of the opposite gender is assigned to work with the group throughout the shift a single announcement at the start of the shift meets this requirement.

E. Youth Response to Sexual Assault/Rape

MRPOH residents must be supported and encouraged to report sexual assault/rape, attempted sexual assault/rape, and/or sexual harassment and be protected from retaliation. A youth that believes that they were the victim of a sexual assault/rape, attempted sexual assault/rape or sexual harassment, or believes another youth was the victim of sexual assault/rape, attempted sexual assault/rape, or sexual harassment, must report this information to a staff member. Youths may also write down their report and use residential facility lock boxes or the youth grievance system to submit reports. An option must exist for youths to report sexual abuse to someone outside of the facility. The

outside reporting option for MRPOH is the DHHS hotline, 1-855-444-3911. If a youth requests to report outside of the facility, the following procedures must be followed:

- a. Contact the on-duty Supervisor to facilitate the call. The call is confidential. The Supervisor will not listen to the youth's reporting.
- b. The Supervisor will dial the hotline number.
- c. The Supervisor will maintain line of sight supervision of the youth at all times.
- d. Following completion of the call, the Supervisor will notify administration to document that a youth made a call to the hotline.

***Note:** Calls to the hotline are confidential however it could occur that a youth also volunteers information to staff about sexual abuse. If at any time a youth discloses information about sexual abuse to any MRPOH personnel then staff must respond in accordance with the procedures listed under "Staff Response to Sexual Abuse/Rape".

F. Staff Response to Sexual Assault/Rape

Staff must report immediately any knowledge, suspicion, or information that they receive regarding: An incident of sexual abuse or sexual harassment that occurred in a facility, whether or not the facility is part of the agency; retaliation against residents or staff that reported such an incident; and/or, any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

1. Staff receiving a report of a sexual assault/rape or attempted sexual assault/rape, or staff that become aware of sexual activity between residents or between a resident and staff, contractor, visitor, or volunteer must immediately report this event to Supervision. The supervisor must immediately relay the report to the facility Director or manager-level designee. That administrator is responsible for notifying BCAL.
2. The staff member receiving the report of actual or suspected sexual abuse or rape must immediately call Children's Protective Services and report the incident and/or allegation. The staff member receiving the report of actual or suspected sexual abuse or rape must submit an Incident Report before the end of their work shift and must complete a DHHS-3200, Report of Actual or Suspected Child Abuse or Neglect, within 72 hours of becoming aware of the incident.
3. If it is believed or determined that a sexual assault/rape occurred and that the alleged sexual assault/rape occurred within the last 96 hours, the facility director or designee must make immediate arrangements to transport the youth to (Hospital Name) for a forensic examination and the area where the incident occurred must be secured for evidence collection. If it is believed or determined that a sexual assault/rape occurred more than 96 hours previous, the emergency room will be contacted for further instructions.
4. Following emergency response and completion of the rape kit (if applicable) a youth believed or determined to have been the victim of a sexual assault/rape must also be examined by medical staff for possible injuries, regardless of when the alleged sexual assault occurred.

5. Victims and perpetrators of a substantiated sexual assault must be encouraged to complete an HIV test. The perpetrator must be requested to complete an HIV test. If the perpetrator will not voluntarily take an HIV test, the facility Director or designee may seek a court order compelling the test.
6. The victim of sexual assault or attempted sexual assault must be provided mental health assistance and counseling as determined necessary and appropriate.
7. The facility Director or designee must notify the DHHS Juvenile Justice Programs Director by phone and DHHS leadership using the DHHS Alert System.
8. The facility Director or designee ensures that incidents of sexual abuse/rape, findings from investigations, and other pertinent information is reported to the youth's court of jurisdiction, the youth's worker, the youth's parent or legal guardian, and to DHHS Juvenile Justice Programs' Administration.
9. Records of allegations must be kept for as long as the employee is employed or the youth is in residence, plus five years.
10. If a report is received of sexual abuse from another facility, the Director must report Director-to-Director to the other facility within 72 hours. (All other applicable reporting requirements still apply.)
11. A designated facility employee must monitor staff and youth to prevent retaliation for a minimum of 90 days after a sexual abuse report is made.

G. Alternate Housing Placement of Victims and Perpetrators

The facility Director or designee must take immediate steps to protect the alleged victim from further potential sexual assault or rape (if still at a DHHS facility) by separating the alleged victim from the alleged perpetrator(s) including arranging for separate housing, dining, and/or other elements of daily routine to the extent necessary to ensure protection.

H. Investigation Protocols

Each incident of alleged or reported sexual abuse or sexual assault/rape must be investigated to the fullest extent possible. Evidence collected must be maintained under strict control. Based on the results of the investigation, DHHS staff and prosecuting authorities will meet to determine if prosecution is appropriate. DHHS staff will also coordinate with the Office of Labor Relations for appropriate disciplinary response if applicable.

1. Suspected or alleged youth-on-youth rape, sexual assault, or forced sexual activity with or without sexual penetration:
 - a. The victim and alleged perpetrator must be separated, kept isolated from each other, and prevented from communicating.
 - b. All reporting must occur as listed in Section F of this policy.
 - c. If the assault is alleged to have occurred within the past 96 hours, the victim must be transported to Spectrum Hospital in Reed City for a forensic examination. If the assault is alleged to have occurred more than 96 hours earlier, the hospital is contacted for instructions.
 - d. Qualified investigators must take victim statements, open an investigation, and if applicable collect physical evidence.

- e. The area where the suspected assault took place is sealed off until investigators can gather evidence. Note: Staff or medical personnel can enter the area if it is necessary to ensure youth safety, for example if a victim needed medical attention or first aid before being transported, but efforts must be made to disturb the area as little as possible.
 - f. Any clothing or articles belonging to the victim are left in place and not handled or disturbed until investigators have gathered evidence. The victim must not be allowed to shower or change clothing before being transported to the hospital.
 - g. Staff must not extensively interview victims or alleged perpetrators for incident details beyond obtaining the basic information necessary to inform further actions that must be taken, such as separation of victims and perpetrators, facilitating for victim medical needs, etc.
 - h. Staff must submit an Incident Report before the end of their shift. Incident Reports must contain all facts as known, including the victim's statement of allegation in the victim's own words. Incident Reports must not express the writer's opinion.
 - i. Staff must not discuss the details of sexual abuse allegations or incidents, beyond the extent needed to maintain safety and security at the facility, with persons other than Supervision/Management, investigators, and prosecuting officials.
2. Suspected or alleged staff-on-youth sexual activity of any type:
- a. The facility Director is immediately notified. The facility Director or designee will make all required notifications, including notification to the police to open an investigation and notification to the suspected employee restricting work activities.
 - b. Pending notification from the Director or designee, the suspected employee must not be in direct contact with facility residents.
 - c. If there has been suspected or alleged sexual activity of any type the victim is transported for a forensic examination and evidence is protected using the same procedures as listed in items c through g in Section 1 above.
3. Any other intentional youth-on-youth sexual touching (non-penetrative touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by a resident of another resident, with or without the latter's consent), alleged or suspected youth-on-youth sexually abusive contact, and/or youth-on-youth sexual harassment:
- a. If reported by youth, observed, or suspected, duty staff must alert the shift supervisor. The shift supervisor must ensure that duty staff document information in an Incident Report and must ensure that youth safety is restored or maintained.
 - b. An on-duty program supervisor or the on-call program manager, and the facility Director must be notified. The facility Director will decide if the incident will be the subject of an administrative or criminal investigation.

Administrative investigations may only be conducted by a staff that has received specialized training in conducting investigations of sexual abuse allegations.

- c. Alleged or suspected incidents of youth-on-youth sexually abusive contact are for investigation as determined by the facility Director or designee.
- d. The facility Director or designee makes required notifications.

I. Independent Audits and Agency Monitoring and Reporting

1. In addition to internal administrative review and analysis, and BCAL reviews, an independent and qualified auditor must audit the agency at least every three years. Auditors must be able to access and tour the facility, review documents and records, and interview residents and staff.
2. The facility must designate a PREA compliance manager that has the time and authority to oversee facility compliance efforts.
3. The agency must distribute information to the public on how to report sexual abuse and sexual harassment on behalf of residents, information on its zero tolerance policy for sexual abuse/rape of residents, and sexual abuse data reports.
4. Facility management must review each incident of sexual abuse for cause, staffing, and physical barriers, and make recommendations for prevention and implementation of remedy(s).
5. The facility must develop, document, and implement a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents from sexual abuse. At least annually, facility Administration and the facility PREA compliance manager must review the plan to ensure:
 - a. Generally accepted secure residential practices are met.
 - b. Findings of inadequacy are addressed.
 - c. Adequate numbers of Supervisory personnel.
 - d. Physical plant inadequacies, such as “blind spots” on video monitoring systems are addressed to the maximum extent possible.
 - e. Responses are made where there is a prevalence of sexual abuse reporting on a certain shift, in a certain location, with certain personnel, or as pertaining to other factors.
6. Mid or upper level Supervision must make documented unannounced rounds to identify and deter staff sexual misconduct and sexual abuse.
7. The conduct and treatment of residents or staff that report an abuse incident, or are cooperating witnesses, must be monitored by mid or upper-level management for at least 90 days.
8. The facility must collect accurate, uniform data for every allegation of sexual abuse. At a minimum the data must be sufficient to answer all questions on the annually-required Survey of Sexual Violence. Aggregated data must be:
 - a. Reviewed in order to assess and improve sexual abuse prevention, detection, and response practices.
 - b. Made available to the public through a public Website or some other means at least annually. (Note: Personal identifiers must be removed.)

J. Exhaustion of Administrative Remedies

1. The facility must issue a final decision (initial decision and appeal decision if appealed) on the merits of a grievance alleging sexual abuse or harassment within 90 calendar days of the initial filing of the grievance.
2. The facility may claim an extension of time to respond of up to 70 calendar days if the normal time period for a response is insufficient to make a decision. The facility must notify the youth and the youth's parent/guardian in writing of any such extension.
3. Third parties, including fellow youths, staff, family, attorneys, and outside advocates may assist a youth filing grievances relating to allegations of sexual abuse and harassment. If a third party, other than the parent or guardian, files a grievance on the youth's behalf, the facility must request as a condition of processing that the alleged victim agree to the grievance filed on his behalf and may also require that the alleged victim pursue any subsequent steps in the remedy process. If the alleged victim declines to have the grievance processed on his behalf, the facility must document the youth's decision.

K. References to Policy Related to Prevention of Sexual Abuse/Rape

Other policy articles in this policy manual support and address the PREA standards in addition to regulating other activities. They include, but are not limited to, body searches, youth supervision, cross-gender viewing, employee and volunteer screening, staff training, outside agency/entity agreements, investigations, health screenings and medical services, counseling and transition services, staff discipline, and mental health screenings. Listed below are references to these policy articles:

AUTHORITY

1939 PA 280, Social Welfare Act, MCL 400.115a (1) (g)
45 USC 15601, Prison Rape Elimination Act

Muskegon River Pathway of Hope AWOL/Truancy Policy

Definition of AWOL: when a resident leaves the Pathway program without permission from a staff member, parent, and/or placing worker. This would include: walking off grounds of program building, leaving school, leaving home during a visit, escaping from a vehicle during transport, and leaving from a Court Hearing, family session, church, medical/psychological or other scheduled appointment, or from any program activity.

In the event that a resident goes AWOL from Muskegon River Pathway's care, the staff on duty needs to call Dawn Kruthoff (Director) immediately and then she will call the AWOL response team. The assigned Agency Case Worker will be responsible for contacting the placing

DHHS or Court Worker and the parent or guardian and the attorney within 24 hours of any resident going AWOL from the program. Muskegon River Pathway of Hope will make contact with the placing worker in the event they receive any additional information regarding the absence of the resident.

If the resident walks off property or away from agency staff, the staff on duty should attempt to keep the resident in eyesight. The staff on duty should follow the resident on foot or in a vehicle and keep in contact with the on-shift Lead staff by cell phone. The ONLY situation that a staff member should use physical methods to intervene with an AWOL resident is if that resident is putting their life in danger. An example of this would be if an AWOL resident is approaching a road with oncoming traffic. At any time that a staff uses a physical intervention with an AWOL resident, all JKM Safe Crisis Management policies and requirements MUST be adhered to.

In the event that a resident returns to the program after being AWOL the staff on duty shall contact the assigned agency Case Manager. The assigned agency Case manager will contact the Agency Supervisor. The Agency Supervisor will contact the Agency Director. The Assigned Case Manager will be responsible for contacting the placing worker and parent or guardian. The resident will need to be immediately de-briefed by the on-duty staff. The on-duty staff must fill out and submit the agency de-briefing form and submit the form to the assigned Case Manager. The resident **may be** placed on Level One for 24 hours by the on shift Lead staff/shift Supervisor after discussing this with the assigned agency Case Manager and Director.

Staff Ethics

Muskegon River Pathway of Hope staff must always perform their duties in a manner that is professional and mindful of their role as an example for youth. Staff must not engage in any behavior that brings reproach upon themselves, Muskegon River Pathway of Hope, DHHS and the State of Michigan. Staff must respect and protect the civil and legal rights of all individuals that they meet in the course of their official duties. Staff must not use their position to secure special privileges, any type of financial gain, or to promote any partisan political purpose. Staff must not accept, receive or provide any loan or gift that could be construed as a reward or incentive to perform a certain act or that creates the impression of favoritism. Staff must maintain the integrity of personal information and must not seek personal information beyond that needed to perform their official responsibilities. Staff must comply with requirements for safeguarding confidentiality. Staff must not engage in any conduct that adversely affects their ability to perform their job or that adversely affects Muskegon River Pathway of Hope's ability to carry out its assigned mission.

Staff must maintain a professional demeanor with the other staff and youth. Staff must remain appropriately clothed at all times when supervising or in the presence of youth, volunteers, or visitors. Staff must not allow or participate in any of the following activities: engaging in physical contact with youth or allowing physical contact between youth including horseplay, rough-housing, wrestling, fighting, or other similar activities. Staff must not engage in verbal or non-verbal altercations with or between youth that would have the potential or actually demean, frighten, intimidate, or provoke a physical or verbal response. Staff must not socialize with youth on a personal level, enter into a romantic relationship with past or present residents, or engage in any sexual or intimate contact with youth. Staff must not force religious

views on youth. Staffs are not to allow youth to drive agency or personal vehicles. Staff members are not to engage in business or financial dealing with you or members of youth's families. Staff must not demonstrate any other behavior with youth that would appear to be inappropriate to an objective observer.

Drug-Free Workplace Policy

Muskegon River Pathway of Hope is a tobacco and drug-free work place. Is it the policy of Muskegon River Pathway of Hope and the BJJ that tobacco products are not to be possessed in facility buildings or used on facility property and the use and/or possession of alcohol, illegal or non-prescribed prescription drugs is prohibited on agency property or in agency vehicles?

Muskegon River Pathway of Hope reserves the right to perform random drug screens on any employee at any given time. If any employee is proven to be in violation of Pathway's policy, Employment at Muskegon River Muskegon River Pathway of Hope will be terminated. Failure to take the test will be cause for employment termination. Employees of Muskegon River Pathway of Hope must notify the employer in writing of any criminal drug statute conviction or violation occurring no later than five (5) calendar days after such conviction. Action will be taken within 30 calendar days of receiving notice with respect to any employee who is so convicted.

Good Examples

All staff should set good examples by keeping rules that the girls are expected to keep. Although this is not 100% the case, there should be very few exceptions. When staff do the very things for which the residents get consequences for and then answer, "Because I'm staff" when the residents question as to why, they will lose respect in that staff member. This pertains to house rules, punctuality, manners and living room rules, etc. Swearing, dirty stories, 4-letter words, etc., are not to be used at Muskegon River Pathway of Hope.

Leaving Early

Staff is not to leave work early unless (1) prior approval is given by the staff's respective supervisor and (2) the time off is reflected on the time sheet or employee absence report and/or the Business Manager is notified.

Fire Drill Policy

Muskegon River Pathway of Hope will have quarterly emergency fire drills for each shift. Two of the drills shall include evacuations, unless approved by the department in writing, as clinically contraindicated. Written records shall be maintained for each drill indicating the date and time of the drill and, where evacuation was a part of the drill, the approximate evacuation time.

Suitable communication to the fire department shall be provided. The telephone number of the fire department shall be made available along with other emergency numbers needed for security.

Nutrition Policy

Menus shall be written prior to the serving of the meal. Any change or substitution shall be noted and considered as part of the original menu.

Handcuff Policy

Muskegon River Pathway of Hope will not use mechanical restraints on any resident pursuant to rule R400.4137 for means of behavioral management. However in the event that a resident in the program at MRPOH becomes assaultive to staff or residents and is out of control for more than 20 minutes, the DHHS Worker/Probation Officer will be contacted for immediate removal of the resident. Mechanical Restraints may be used to transport the youth to a secure facility in order to keep all parties safe. All MRPOH staff will adhere to the SCM Policies and procedures for restraint and de-escalation. All MRPOH staff will be trained upon hire and annually thereafter for proper and safe mechanical restraint use.

Safe Crisis Management Training Policy

1. All MRPOH employees providing direct supervision for residents shall be trained in Safe Crisis Management which shall include Physical Management training using JKM Training, INC. All employees must successfully complete SCM Training and be certified in all physical holds prior to supervising any youth in care.
2. There will be a minimum of 18 hours required to earn the certificate of completion. Each staff member will be required to attend quarterly refresher trainings which shall equal twelve hours annually.
3. Trainings shall be conducted only by a person certified through JKM Training INC.
4. Employees shall be trained in the following areas:
 - a. Rational for Training
 - b. Assessment
 - c. Primary Strategies
 - d. Secondary Strategies
 - e. Emergency Safety Procedures
 - f. Tertiary Procedures
5. A documentation of each training topic covered, a written test (requiring an 85% to pass), physical skills test (requiring an 85% to pass) and a certificate of completion shall be placed in the employee's personal file.
6. At no time shall any Pathway employee be allowed to physically manage a client if they have not received their certificate of completion or they have not demonstrated the ability to perform per JKM Training, INC requirements.
7. If at any time a staff member is not able to physically manage a resident due to a physical inability or due to not attending required trainings a staff shall be given fourteen days to meet with the trainer to meet the required obligations. Additional time may be

granted if medical documentation is submitted that supports the employee being restricted from restraining youth in care.

8. If a staff member is not able to perform their obligations, Muskegon River Pathway of Hope reserves the right to suspend the employee without pay or to terminate employment.

Director Job Description

Educational Requirements:

- A. A Master's Degree in social work, sociology, psychology, guidance and counseling, education, business administration, criminal justice, or public administration and two years of experience in a child caring institution or child placing agency.
 - B. A Bachelor's Degree with a major in social work, sociology, psychology, criminal justice, guidance and counseling, education, business administration, or public administration and 4 years of post-bachelor's degree experience in a child care institution or child placing agency.
1. Responsible for the development and maintenance of program as stated in the By-laws of Muskegon River Pathway of Hope, and the bureau of Regulatory Services of the State Department of Social Services
 2. Full fiscal responsibility for the necessary accounting and management of the agency and maintenance of harmonious working relations with the Board of Directors
 3. Maintain public relations with the local and large community to insure harmonious relationships and promote the welfare of Muskegon River Pathway of Hope children
 4. Maintain direct or delegated supervision of all staff. Meet as needed with other members of the staff as well as summer placement students, intern, etc., offering consultations regarding general rules at the Unit and regarding daily treatments with cases. Discuss with the counselors and staff dilemmas that they may face; these dilemmas are often related to casework techniques and to general casework practices. Insure an ongoing in-service training program for all staff.
 5. Provide the necessary structure and supervision to insure the safety, security, custody, and treatment education, and maintenance of the children. Incorporate into the individual files general evaluations and recommendations about cases requested by the counselors.
 6. Ensure reports are correctly completed, containing all required information. Keep proper records of when reports are due by the caseworkers and ensure that reports are mailed on time.
 7. Insure the operation of the Muskegon River Pathway of Hope home to meet the stated standards of the State Licensing Division and fire and health requirements. To keep

current with new approaches in child caring practices by attending selected training seminars, conferences, etc.

8. Share in the case load as needed.
9. Be responsible for hiring new employees, as well as dismissing employees when necessary.
10. Oversee the scheduling of employees work days each month maintaining attendance records for all employees.
11. Help where needed when no other staff is available.
12. Perform all other duties as directed by the Board of Directors.

Director Signature

Date

Supervisor of Direct Care Workers Job Description

Educational Requirements:

- A. A Bachelor's Degree and 2 years of work experience in a child caring institution
- B. Two years of college and 3 years of work experience in a child caring institution
- C. A high school diploma and 4 years of work experience in a child caring institution

Job Duties:

1. Recruit and hire new employees.
2. Schedule, provide, and document initial and ongoing professional and In Service Training for all employees.
3. Put together and maintain personnel files for all employees ensuring that each file is kept up to date with BCAL and DHHS BJJ requirements.
4. Oversee and run the program as a whole in coordination with the CEO.
5. Develop and maintain policies and procedures for the agency as required for BCAL and DHHS BJJ.
6. Supervise the direct care employees and delegate job responsibilities as needed.
7. Approve and oversee the direct care work schedule and approve time off as requested.
8. Provide and document employee discipline for any violations, including termination.
9. Attend board meetings as requested by the agency Board of Directors and/or CEO.
10. Perform job duties as the interim Director when the CEO/Director is on vacation or unavailable.
11. Any other job duties assigned by the CEO.

Supervisor Signature

Date

**Social Service Worker Supervisor
Job Description**

Education Requirements:

- A. A Master's Degree in Social Work and 1 year of experience as a Social Service Worker
- B. A Master's Degree in Sociology, Psychology, Criminal Justice, or Guidance and Counseling and 2 years of experience as a Social Service Worker
- C. A Bachelor's Degree in Sociology, Psychology, Social Work, Criminal Justice or Guidance and Counseling and 4 years of experience as a Social Service Worker in a child care organization. Two years of the 4 years of experience shall be in a child caring institution.

Job Duties:

- 1. Provide overall Supervision for the Social Service Workers in the agency.
- 2. Read, approve, and sign all Treatment Plans and reports for each resident in the program.
- 3. Ensure that individual, group, and family counseling is provided and documented as required by the program handbook.
- 4. Meet with the Social Service Workers a minimum of once per week and provide guidance for treatment methods.
- 5. Ensure that the Social Service Workers attend professional training and implement new modalities of treatment as appropriate.
- 6. Review and document that all resident case files are complete and up to date.
- 7. Communicate with the Director a minimum of once per week regarding Social Service Worker job performance and resident needs.

**Social Service Worker
Job Description**

Education Requirements:

A Master's Degree in Social Work or Professional Counseling and a license to practice in Michigan under article 15 of the public health code.

1. Prepare Initial and Updated treatment plans for each resident and obtain approval of these plans from his/her supervisor.
2. Discuss the implementation of the treatment plan of each resident with Direct Care Workers.
3. Prepare intake files, face sheets, treatment/service plans, and discharge summaries on time.
4. She/he will counsel with the resident once per week on a one-to-one basis.
5. Provide group counseling instruction to the resident's as assigned by the Supervisor/Director.
6. Communicate with direct care staff and/or teachers to keep up-to-date concerning her academic achievement and development while in class.
7. Maintain accurate records on all required physical, dental and eye appointments for each resident in her case file.
8. Ensure that any psychological and/or psychiatric testing and medication review appointments are arranged, that the resident attends each scheduled appointment, and that the recommendations are implemented into treatment.
9. Arrange for visits between the resident and parents, relatives, and all Case Workers as recommended and Ordered.
10. Meet regularly with the supervisor concerning your caseload, and utilize his/her services for individual cases as necessary.
11. Attend all meetings, conferences or training sessions which the director feels would expand your knowledge and/or enhance your ability to provide better services to the Muskegon River Muskegon River Pathway of Hope residents.
12. In an emergency situation perform any duties that would insure the protection of the Muskegon River Muskegon River Pathway of Hope residents.
13. Attend court hearings and other meetings regarding the residents.
14. Transport residents, when necessary, to various functions/places.

15. All other related duties as assigned by the Director.

Signature of Social Worker

Date

**CFO
Job Description**

Requirements:

- Basic computer, calculator and typing skills
 - Knowledge of accounting principles as well as a good math background
 - Possess honesty in all dealings
 - Ability to meet deadlines
 - Ability to establish desirable relationships and good report with various businesses
 - Thoroughness and ability to follow established procedures
 - Minimum of two years experience in Business or Financial fields
 - Bachelors degree with major/minor in Business or related field or pursuing such a degree
1. Be directly responsible to the Director for all financial decisions.
 2. Be the head of financial affairs.
 3. Supervise Accounting Assistant and oversee all payroll and the accounting practices of Muskegon River Pathway of Hope. Make sure the payroll checks are accurate and taxes are deposited in on time.
 4. Be responsible for completing and submitting, on time the following:
 - A. Quarterly Federal Tax reports
 - B. Monthly and Yearly state tax reports
 - C. Quarterly MESC reports
 - D. W-2 forms
 - E. Non-Profit corporation report
 - F. Quarterly financial report for the Board of Directors
 - G. Cost Schedule
 - H. Form 990
 - I. Insurance payments
 5. Set up and maintain a system of internal controls within the accounting system.

6. Provide the Director and Board of Directors with pertinent information to assist in making decisions related to the finances.
7. Any other related duties as assigned by the director.

Signature of Business Manager

Date

**Secretary/Receptionist
Job Description**

Education Requirements: A minimum of a High School Diploma or GED

1. Be able to type with accuracy. They will be responsible for typing all correspondence, reports, newsletter articles, updated & new policies, and forms for doctor/dentist, monthly schedules, and all other typing.
2. Be knowledgeable of filing procedures. Will be responsible for all client files (admission & discharge) and office files
3. Be well-versed in telephone etiquette. Will be responsible for all in-coming phone calls, locate personnel and clients, and take messages.
4. Be able to keep records accurately and will be responsible for client files: putting information in the correct place, know when reports are due, when doctor & dentist appointments are due, record information correctly. Schedule for immunization shots & keep immunization records.
5. They will be responsible for machine maintenance and ordering office/house supplies.
6. They will be responsible for **all** out-going and incoming mail.(Newsletters, brochures, fundraising invitations, all reports, report cards, psychological, etc. to the courts, workers, judges, attorney's, and parents).
7. They will be responsible for scheduling initial doctor and or dentist appointments. Making transportation arrangements, and scheduling follow-up appointments.
8. They will be responsible for home visit scheduling; mailing letters to parents, bus scheduling and transportation.
9. They will be responsible for supervising office cleaning.
10. They will perform all other clerical and miscellaneous duties.

Signature of Secretary/Receptionist

Date

**Awake Night Youth Specialty Worker
Job Description**

EDUCATION REQUIREMENTS:

At least have completed high school or GED

1. Be directly responsible to the Direct Care Supervisor and Director.
2. She/he shall be in good health, capable of meeting the nightly physical demands and mental stresses of the job.
3. She/he shall demonstrate the ability to operate in a professional manner with regard to confidentiality, cooperation and competence.
4. Supervise the clients during bedtime hours.
5. Arrive on time.
6. Ensure that any client's misbehavior or disrespect is dealt with according to prescribed guidelines and procedures.
7. Fill out up-night staff report on a consistent basis.
8. Remain awake the entire time and alert to any noises/action coming from the bedrooms.
9. Up-night duties are:
 - A. Make sure the basement is kept clean and organized
 - B. All laundry must be washed, folded and put away before you leave. If there is an extra amount of clothing (ex: return from trip) then please talk with first shift about what has been done and what needs to be finished.
 - C. Vacuum basement 2 times per week or as needed.
 - D. Straighten closets as needed.
 - E. Make copies of paperwork in the staff file cabinet as needed.
10. As long as a night staff frequently checks rooms and monitors she may read, do schoolwork, in-service training, play Nintendo or hand-held computer games if volume is very low.
11. Absolutely, no male visitors while on duty.

12. In case of sickness or an emergency, please call the on call staff or the supervisor to see if they will find someone to work for you or switch a day for you. Let the Direct Care Supervisor know also of who will be working that night.
13. Fifty (50) hours of in-service are required during your first year of work, twenty five (25) each year thereafter.
14. Eat only the food or snacks, or drink the juice, pop, etc., you bring to work. If you dirty dishes, wash and dry them and return them to their proper place.
15. Smoking is prohibited anywhere, anytime on Muskegon River Pathway of Hope's grounds.
16. **Do not allow the girls to get out of their beds except to use the bathroom** (unless you are having them sit under your observation because of misbehavior, etc.)
17. Up-Night safety procedures
 - A. Call 911 if there is an emergency BEFORE calling any other supervisor/staff member
 - B. Use the security panel if needed for assistance from emergency services.
 - C. Carry the pathway cordless or cell phone on you at all times.
 - D. If a resident or residents go AWOL you need to call 911- do not attempt to stop them or follow them down the road and leave the other girls.
 - E. For most situations, do not attempt to physically manage by yourself- call for help.
 - F. In case of tornado- take girls to basement to the storage room.
18. Things to record on Awake Night Staff Report:
 - A. Any Tylenol, cough drops, etc., given (make certain any pills are swallowed)
 - B. Any disrespect or night-time activity
 - C. If you have any girl sit because of talking, misbehavior, etc.
 - D. Any warnings given
 - E. Getting bed-wetters up at appropriate times
 - F. Anything out of the ordinary
 - G. Miscellaneous things you think are important
 - H. If all went well, mention that also
 - I. List any needs (e.g. batteries, additional forms, etc.)
19. Set a good example to the girls by your conduct, speech, reading material, etc. Under no circumstance should any employee undermine Muskegon River Pathway of Hope's philosophy, policies, or standards.
20. Fill in the time you depart at the end of your shift and sign your name at the bottom of the form.
21. Leave Awake Staff Report in designated place as you go off duty.

Up Night Schedule

10:00 pm: Shift change, count and sign over meds, pray, read staff log, fill out up night log. Start laundry (fold all clothes except for baby clothes). Sort all clothes, on clothing list, by numbers, on the couch.

11:00pm: When last staff leaves you need to do a door and window check and then set the alarm. Start bed checks.

11:30pm: Bed Check

12:00am: Bed Check, start to charge cell phones

12:30am: Bed Check

1:00am: Bed Check, make sure everything is stocked up (toilet paper, snacks, drinking materials, anything that is running low), if there is stuff that is running low downstairs write it on the grocery list

1:30am: Bed Check

2:00am: Bed Check. Pre- cook any meats if instructed.

2:30am: Bed Check. Get cleaning supplies out. Have a copy of chore list ready for the morning.

3:00am: Take all unneeded clothes downstairs and bring up all food and clothing for the next day (check for level drop forms). Also make sure you take down any food that was not used from that day.

3:30am: Bed Check

4:00am: Bed Check. Change the bleach water for the dishes.

4:30am: Bed Check

5:00am: Bed Check. Work on the score book. Make sure all the lights are turned off downstairs.

5:30am: Bed Check

6:00am: Turn off alarm, before 1st shift comes in.

Thursday: Get packing list ready.

Sunday: Work on chore list. Average the scores for the week and put in new score sheet for the new week.

Extra Jobs: Clean basement. Put away dishes that are done. Do up the dishes that were left from snack time. Have coffee ready by the time 1st shift gets here. Make sure the computer downstairs is dusted. Make copies. Get trash ready to go out in the morning from the staff area, downstairs, and in the offices.

Signature of Awake Night Youth Specialty Worker Date _____

**Muskegon River Pathway of Hope
Job Description
Direct Care Team Leader**

Education and Experience Requirements: A minimum of High School Diploma or GED and a minimum of one year of experience in Direct Care.

A Team Leader has demonstrated: that they can manage their time wisely, can work independently, and are respected by their co-workers. Their professional decision making demonstrates support for all agency policies and procedures and is always with the best interest of each resident. They possess the ability to bring their co-workers together and can effectively communicate with others. A Team Leader demonstrates poise and positive leadership skills in a crisis situation.

One Team Leader shall be assigned to cover second shift hours Monday-Friday and another Team Leader shall be assigned to cover weekend hours. A First Shift Team Leader may be assigned for weekdays during the summer.

1. Meet with member of Administration (weekdays) prior to the beginning of the scheduled shift to obtain needed information for the shift.
2. General supervision of the shift
 - a. Assign staff on duty to oversee medication
 - b. Make structured plan for resident activities
 - c. Assign staff to carry out shift responsibilities

3. Make decisions in a crisis or emergency situation, such as: determining when a resident should be transported to the emergency room when ill, determining when a resident should be evaluated at CMH, and/or making a change to the daily program schedule.
4. Communicate with Director, Assistant Director, and Therapist/Case Manager as needed.
5. Provide input to administration regarding program needs, resident needs, and co-worker performance.

Staff Signature

Date

**Muskegon River Pathway of Hope
Direct Care /Youth Specialty Worker
Job Description**

EDUCATION REQUIREMENTS: At least have completed high school or GED

1. Be directly responsible to the Direct Care Supervisor.
2. Work cooperatively with all other Muskegon River Muskegon River Pathway of Hope employees in aspects of the care, treatment and supervision of all youth in placement.
3. Direct and supervise education, recreation and leisure time programming for Muskegon River Muskegon River Pathway of Hope youth.
4. Promote mental, physical, and emotional health as outlined in the daily program schedule.
5. Be responsible for youth in care by providing line-of-sight supervision and working closely with that group in all daily activities.
6. Provide one-on-one mentoring and de-escalation when needed, then refer and follow-up the situation with the assigned Therapist and/or Case Manager.
7. Attend **all** scheduled staff meetings as required by the Director and participate in a regularly scheduled in service training program (50 hours the first year and 25 hours every year thereafter).
8. Provide a good moral and ethical example for the youth after which to model their behavior.
9. Stimulate pride in the girls in relation to the general appearance of the building and property by assisting in the supervision of house chores, landscaping, and cleanliness of the building and yards surrounding the building.
10. All other related duties as assigned by the Assistant Director or Director.

Signature of Youth Specialty Worker

Date

Maintenance Worker Job Description

EDUCATION REQUIREMENTS: High School Diploma

Requirements:

1. Oversee and maintain the maintenance on all Pathway vehicles.
 - Oil Changes
 - Fluid levels maintained
 - Tire rotation/new tires when needed

2. Maintain all appliances in the house
 - Refrigerator
 - Microwaves
 - Stove
 - Furnace's
 - Washer/Dryer
 - Security System
 - Vacuums
 - Lawn mowers

3. Oversee all building projects
 - Blue prints
 - Crew work

- Finish trim
 - Make sure Pathway has all the material needed for projects. (Such as wood, paint, paint brushes, and any other materials needed)
4. Will be responsible to do all other work assigned them from the director or CEO on as needed basis. Capable of performing all task presented by the CEO and director.

Signature of employee

Date

Employee Grievance Form

Date:

Name:

Description of Grievance:

Name and Title of Person Reviewing Grievance:

Date:

Action Taken:

Attach Policy to this complaint

Quality Assurance

Muskegon River Pathway of Hope will conduct internal quality assurance (QA) reviews to verify compliance with policy and ensure facility safety, security, and order.

The Muskegon River Pathway of Hope Director must:

- Ensure staff understands the purpose of the QA Review/Visit and that staff cooperate fully with QA without fear of reprisal.
- Ensure the facility schedule supports the review including observable events of interest, availability of youth and staff, and readiness of records and documentation.
- Ensure that staff enters information into the Juvenile Justice Information System in a timely, complete and accurate manner.
- Attend entrance and exit briefings.
- Develop and send a written corrective action plan to QA within 15 days of receiving the QA report. The plan must follow the “who-what-where-when-why” format.

Policy Development

Residential policy must be relevant and based on promising practices in the field of juvenile justice. The BJJ residential policy committee develops policy for the Juvenile Justice Residential (JR) group of DHHS online manuals. Each facility must identify a staff member to service on the committee.

Muskegon River Pathway of Hope employees are expected to adhere to all policies in the agency manual. All policies are developed and implemented in compliance with BCAL Licensing Rules for Child Caring Institutions, DHHS Contract Compliance, and the DHHS Juvenile Justice Residential Manual. Muskegon River Pathway of Hope will abide by all policies set forth by DHHS BJJ and BCAL. The Muskegon River Pathway of Hope Director or designee will ensure that the agency is reviewed and up to date on all required policies and procedures.

Muskegon River Pathway of Hope

Signature Form for Personnel Handbook/Employee Manual

I _____ have received, read, and understand the Muskegon River Pathway of Hope Employee Manual. I agree to uphold the agency mission statement and follow all agency policies and procedures. I understand that if at any time I do not follow an agency policy or procedure I will be held personally liable/responsible.

Youth Specialty Worker

Date

Supervisor Signature

Date

Director Signature

Date

**Muskegon River Pathway of Hope Youth and Family
Policy Changes and Updates**

I _____ have received a copy of the most recent policy changes to the Personnel handbook and the Residential handbook on _____ and hereby do recognize that it is my responsibility to follow these changes.

Policies changed or updated are:

Youth Specialty Worker

Date

Supervisor Signature

Date

Director Signature

Date